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ORIGINAL LECTURES.

SOME OF THE PERILS TO LIFE FROM PREVENTABLE DISEASES.

The Anniversary Address before the Medical Society of the State of New York, at the Seventy-seventh Annual Meeting. Delivered at Albany, February 7, 1883.

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GENTLEMEN: "Life and health may be regarded as the sum of all good to the human race." The health, happiness, and prosperity of mankind, must be intimately and inseparably connected with, and dependent upon, their sanitary condition. Upon this to a great extent rest the foundation and superstructure of our national well-being.

Men perish from bad air, impure water, and unwholesome food, because they are ignorant of that which constitutes the danger in these essentials of life. They prefer to be governed by their appetites and passions, rather than to be controlled by reason and hygienic laws that must be obeyed, or the penalty of disobedience be incurred. Our occupation would be diminished in an essential degree if the art of preventing disease was thoroughly understood and universally practised.

The people are slow to apprehend the dangers that arise from trivial causes and from habits of life in which they have indulged for years, because they are unable to trace any direct connection between obscure and indirect causes and positive results. They are also unwilling to accept the fact that disease and death may result from their own carelessness and uncleanly practices. The excessive civilization of modern times, the æstheticism of the age, have blinded our eyes and perverted our judgment, and led us astray from the habits of primitive times that gave our ancestors more vigorous constitutions and more stalwart frames than we of this generation can boast.

The subject is one in which all are interested and intimately concerned, and I rejoice to know that competent medical men are making the most scrutinizing investigations in relation to sanitary questions, and recording the fruits of their labor for the benefit of the people. Never before in the history of this country were the people and the profession so much aroused to a sense of their situation and danger, and an earnest seeking after a radical reformation in relation to the practical application of knowledge to the affairs of life. I trust that the time is not far distant when a large class of diseases which now afflict the human family will be eradicated, or so far mitigated in their severity and danger, as to be comparatively harmless.

There are some conditions which greatly affect the health of a community over which sanitary work has little or no control. The temperature and moisture of the air greatly influence the health of the people. Sudden and marked variations in temperature, excessive heat with humid atmosphere, enfeeble the system, diminish the vital force, and render the individual susceptible to the influence of any prevailing epidemic. But it is not with these agents that we are to deal in endeavoring to check the progress of disease, inasmuch as they are largely beyond the reach of human intervention. It is to certain combinations of heat, moisture, and animal or vegetable decomposition, which

occur either in the course of nature, or more often as a sequence to man's careless and slovenly habits, that we are to look for the conditions, even though we may not always say the cause, of disease.

The spirit of scientific medicine is, indeed, progressive. Unbaffled by the records of previous failure, and undaunted by that which seems to be the impenetrable darkness of mystery, the search into the etiology of disease continues; and gradually as persevering efforts are rewarded by success and light, though it be but dim and partial, illumines the search, preventive medicine makes more urgent demands upon the scientific capacities of the physician.

Far more is demanded from the practising physician of to-day than was requisite a quarter of a century ago. Then, a common school education, a fair knowledge of anatomy and physiology, a smattering of chemistry, an acquaintance with the principles of medicine and surgery, and, above all, a familiarity with the drugs of the pharmacopœia, were the endowments requisite for a well-qualified practitioner of medicine. Men thus equipped may even to-day be of great service in their profession, recognizing with acuteness the nature of disordered bodily conditions, and applying, with rare skill and excellent common sense, the remedy suitable for each case.

But there is another work which cannot be accomplished by a few, even though they be energetic and earnest, but which must devolve upon the general practitioner, especially in the country districts.

Our National and State boards of health have done in the past, and are doing at present, most excellent and telling work, and we look with just pride especially upon that achieved by our own State board. Yet to be successful in their work of heralding danger and preventing disease, the State boards of health must be backed by efficient town boards, and especially, I claim, by the efforts of individual practising physicians. A difficulty arises here, and it is to this point that I wish to draw special attention; viz., to the inability of the majority of practising physicians to properly advise their patients and patrons in sanitary matters, owing to their ignorance of the first principles of sanitary science.

The finger of investigation points to certain defects in drainage, water supply, or ventilation, as the prolific source of disease. How many physicians are able to recognize these defects with certainty, or to give competent advice for their remedy? How many health officers, especially in the smaller settlements, are versed in the principles of natural philosophy which lie at the foundation of all drainage and ventilation? Surely the work of inquiry into the etiology of disease demands that the investigator be equipped with more than a surface knowledge of chemistry, and be more than a novice in the use of the microscope and its valuable accessories.

I claim also, that the physician, who is not only to minister to the wants of the sick, but in his nobler work, to protect the health and lives of others, should possess as a foundation for the superstructure of his strictly medical education, an accurate and serviceable knowledge of the principles of chemistry, natural philosophy and the natural sciences generally. This education should, and can be made preliminary to the work of the professional school. That many physicians graduate with this needed preparation, and thoroughly

equipped in all respects, is a matter for congratulation. But those do not compose the rank and file of the profession in this country to-day. The demand is for more thoroughly educated medical men and women, and that demand must be met by men taken, not directly from the farm, the work-shop, and the common school, but by those favored with the rigid mental discipline of academy or college, and well grounded in the principles of natural science.

Right here, I suggest that general practitioners thus thoroughly educated, and mingling as they do, with all classes of people, seeing as they do, every form of disease, are the sources from which are to flow into the treasury of knowledge that vast accumulation of carefully recorded facts, from which great truths are to be deduced. Only minds well trained are equal to the great task of correctly observing and noting the phenomena of disease and its varied surroundings. The advantage to medical science, were all the rich stores of experience already gained by workers in this great field given to the world through the medical journals, instead of being buried with the possessor, as is too often the case, cannot be over-estimated. How much greater would that gain to medical knowledge be, were the observers of these phenomena trained to more exact habits of noticing and recording their experience. Particularly in country districts, are the opportunities unusually favorable for studying the laws which govern the origin and spread of contagious and infectious diseases, because of the comparative isolation of the inhabitants, and hence the more urgent need of better educated medical men, who, because thus better prepared, will be more desirous, as well as better able to assist in the contest against preventable disease.

It would be impossible to discuss the perils to life from preventable diseases and protection from those perils without briefly referring to that theory of the origin and spread of contagious maladies now so widely known as the germ-theory. Certain minute vegetable forms of life, known as bacteria, of various forms and possessing the power of rapid multiplication, and of being carried in the atmosphere as spores, are to-day claimed by many competent observers to be the active agents in the causation and spread of contagious and infectious diseases. So captivating is the thought of accounting for disease in this simple way, that some observers, as well as some who are mere theorists, have, I fear, suffered their enthusiasm to get the better of their cool, calculating judgment. Ever conflicting and positive statements, which are the fruit of carefully conducted experiments to determine the relation of this or that particular form of bacterium to this or that disease, continue to bewilder the mind of the conservative medical man, as well as to mystify the masses of scientific thinkers outside the ranks of the profession. At present it becomes us to receive with caution the reported results of all such experiments, and the theories formulated therefrom, and while we accept some things as proven relative to this theory of vegetable disease-germs, to bear in mind that much which is claimed by some, may still be fairly placed in the realm of the unproven, though perhaps eminently probable. The importance of determining whether these vegetable germs found in connection with certain contagious diseases are the cause or effect of the diseased condition cannot be over-estimated, especially as we enter upon the domain of preventive medicine.

In turning our attention to that which most threatens and imperils human health, if we permit ourselves to be guided by a prevailing public sentiment, we shall not hesitate long in attributing to defective sewerage a large share of the responsibility. So wide-spread has become the impression that sewer gas, so called, is at the bottom of most of the ills that flesh is heir to, that

the mere words have coupled with them a deathly meaning. As civilization advances and the masses of our population congregate in cities, a system of underground sewers has supplanted the primitive vault, while the water-closet and the stationary washstand connected therewith have become an almost indispensable convenience. These underground sewers being intended to receive and convey away not only the house sewage, but also the rain-wash of the streets, have a capacity equal to the heaviest rain-falls. We have, then, a subterranean cavern of great length and with numerous branches of smaller size, the floor of which is partly covered, or at certain times in the day entirely covered by a slowly moving stream of such horrible filth as is sickening to contemplate. The air filling the space above being, as is usually the case, confined, becomes surcharged with the emanations from this decomposing mass, and is what is known as sewer gas, or, more properly, sewer air. Its composition, as is well known, is variable; ammonia, sulphuretted hydrogen, carbonic acid gas, and various organic impurities being its main ingredients. That this gas, not even betraying its presence by an odor, is oftentimes an uninvited guest in our dwellings no one will deny; just how often no one can say. Strange to say, however, the door is frequently left open for its entrance, though heavy bolts guard against other dangerous intruders. Old and defective house-pipes and unserviceable though well-meant traps not unfrequently unite the elegant chamber above with the filthy cavern below, and ventilation of sewers takes place after a fashion not altogether desirable.

Gaining entrance, what are its effects, if any it has, upon the inmates of the house? To one reading or hearing of the direful effects of sewer gas in causing or spreading diphtheria, scarlet fever, and typhoid fever in our crowded cities, it might not unnaturally seem that, were this curse once abolished, there would be no more diphtheria and scarlet fever. Unfortunately for this theory, these scourges do flourish, and that, too, malignantly, in country districts, where—as far as can be discovered—the hygiene is good, and no sewer gas exists. It cannot be denied that filth poison even in these cases may lurk somewhere undetected.

Further, it has not been proven that the air of sewers, when inhaled even in large quantities, has any immediate injurious effects. Plumbers and scavengers, who inhale it directly from the sewers, do not in their persons give proof of any fatal effect, nor do they, according to statistics, suffer especially from the diseases before mentioned. Exposed as they are to its influence during working hours, and emerging soon into purer air, it has been claimed, and justly too, that they are really less liable to injurious effects than those who breathe it, though more diluted, yet in the confined air of a bedroom while in the sleeping condition, when the vital forces are less resisting. Inspired in this way day after day and night after night, and especially when delicate women and children are the subjects, the effect of sewer air is to lower the vitality of the system, to predispose it to disease, to render more virulent any malady that may supervene, and to induce a feeling of exhaustion and a gradual decline of health.

It is claimed by those who support the germ theory that diphtheria and other contagious diseases are spread from house to house in sewer cities largely by the agency of this sewer air; that in this sewer air float germs which have been thrown off in the excreta of the patients; which germs, coming into conditions favorable for development in the warm and moist air of the sewer, there multiply, and are so diffused. Especially is it claimed that the conditions for the development of these germs are unusually favorable in sewers where but a small portion of the surface

is covered by the sewage, and where arrested sewage and moisture abound. It is also claimed that these germs so multiplied have gained an additional virulence from being so propagated, and that they are even more contagious than would be the fresh excreta of the diseased person.

Pasteur has shown that the bacilli of anthrax and of fowl cholera when cultivated and exposed freely to the action of oxygen lose their virulence, and that they may be safely inoculated, producing thereby a mild form only of the disease. Grown under different conditions, viz., in a confined atmosphere, and deprived of a full supply of oxygen, these bacilli retain their original poisonous properties. It may be so with the germs of diphtheria, if, indeed, there be such, and of typhoid fever, that grown and multiplied in the confined atmosphere of the underground sewer, and deprived of a full supply of oxygen, they may become doubly poisonous.

In the present uncertain state of the evidence concerning the agency of sewers in originating or spreading disease, some reflections upon the proper action to be taken by those interested in sanitary science may not be out of place here.

First, it may be well to refresh our memory with the recorded failures of numerous investigating committees to trace, in time of epidemics of diphtheria and scarlatina, any direct connection between the favorite localities of the disease and defective plumbing. Indeed, the plumbing in such cases has been reported to be exceptionally good by those competent to judge.

On the other hand, we are in no danger of forgetting those countless reported instances where foul air is indisputably connected, in some way, with the visitations of pestilence. It is well to keep fresh in our minds also, that the breathing of foul air, especially at night, induces a condition of malaise, in which the vital forces are greatly lowered, and in which condition what might have been but a trifling ailment suddenly assumes a serious or a fatal aspect.

As has been before stated, it appears to be proven that a noxious microscopic organism may be changed to one innocuous under favorable conditions; and *vice versa*, that one innocuous may become virulent. It has been shown also that the bacteria found in the mouth of a healthy person, or one suffering from a simple sore throat, cannot be distinguished, microscopically, from those found in the diphtheritic membrane. It is quite possible that under favorable conditions, as in an atmosphere of sewer gas and in a depraved bodily condition, a simple sore throat may become malignant and fatal in its results, owing to some change in the character of the vegetable organisms. In this way it may be that diphtheria appears as an endemic.

Bearing all these facts and possibilities in mind, it seems to me that as a profession we are warranted in urging a very *safe* course to be pursued in reference to this whole subject of sewers and sewer air in dwellings. It is safe to give ourselves and our patrons the benefit of the doubt, and whether or not diphtheria and allied scourges are generated or conveyed by sewer air, it is best to give it no opportunity to poison our bodies while asleep. I do not deny that plumbing may be made secure by a suitable arrangement and ventilation of soil-pipes and traps, and by great care in the placing of house fixtures. Nevertheless, I protest against allowing any possible connection between the sewers and sleeping apartments. Let the stationary washstand be entirely, as I am happy to know it has been partially, banished from the bed-chamber. Moreover, let the arrangement of water-closets be planned with the strictest regard to separation from living or sleeping apartments, and, best of all, let them be entirely disconnected. Without committing our-

selves to a belief in the theory that it is the bearer of countless disease germs, I believe that there is sufficient evidence already that sewer air does enter dwelling houses, often, too, when the assurance of the plumber has lulled to false security, and that its effects are extremely deleterious, to warrant such decided advice and action as that just advanced.

The system of separate sewerage as adopted at Memphis, when properly carried out, appears to be also far superior in a hygienic point of view to the combined system. By this arrangement the house sewage is provided for in pipes of small size and of perfectly smooth calibre, while the rainfall is carried off by surface drains. In this way may be avoided the huge vault, whose full capacity is rarely tested, and which serves as a storehouse for noxious gases.

The relation which the character of the soil selected as the site of habitation bears to the health of inhabitants has not, I think, received the attention which its importance demands. The matter of soil drainage may be carefully attended to, and no damp cellar nor defective sewerage be found to account for the devastations of disease. A dry cellar is not, however, necessarily one devoid of danger, and because dry thus rendered incapable of affecting the health of occupants. Competent observers have demonstrated that the atmosphere does not end where the earth begins, but that ground air contained in the interstices of the soil has peculiarities of its own. It has been shown that it contains a large proportion of carbonic acid gas, as well as noxious gases and organic matter in abundance which come from the decomposition of animal and vegetable substances, either beneath or upon the surface of the earth. There is, moreover, a circulation of this ground air by which it tends to disseminate itself into the external atmosphere and in a horizontal direction also. The presence of any decomposing organic body, either beneath or upon the surface of the earth, must necessarily taint this air, and the results of such decomposition thus be disseminated. The presence of cesspools, graveyards, and garbage heaps may thus not only prove deleterious to the drinking water as is generally acknowledged, but also to the ground air. This ground air obtains easy access to our dwellings, and is especially invited into them in cold weather when the warmth above makes a flue of the cellar floor, unless it be properly protected, and so the ground air is attracted upward.

If it is true that so-called disease germs do not die with the death of their victim, but survive for many years buried in the earth, this matter of ground air opens with a new interest. Pasteur asserts that he has found the germs of anthrax or splenic fever in the soil about the buried carcasses of animals which had been dead twelve years, and that with these he has reproduced the disease. It may be that other contagious diseases may retain their virulence about the body of their buried victim for some time, and be disseminated in the air or water of the surrounding earth. Is there not sufficient *possibility*, to say the least, of the truth of these assertions to warrant more care in selecting the site of a dwelling and guarding its surroundings? Does it not savor of discretion, at any rate, to see carefully to it that cemeteries do not encroach closely upon places of habitation, and that cesspools be utterly banished from the proximity of dwellings? Quite as important to consider also, is the matter of ground-water in relation to building sites. Though there be no putrescent animal or vegetable matter in the vicinity, yet the constant or occasional pressure of an over-supply of water in the soil about a dwelling is deleterious to health. Especially has a direct connection been traced by careful observers between a superabundance of ground-water and the prevalence of

consumption in a locality. It therefore becomes a matter of no slight importance to avoid such localities if there be a tendency to pulmonary trouble, or if necessary to build thereon, to carefully drain the cellar and surrounding ground with properly constructed drains. It has been noted, and I think correctly, that the children of a household are the first to feel the deleterious influence of a damp or otherwise unwholesome dwelling-site, and that their ill-health may often be taken as the signal of danger and the index of the unsanitary condition of the neighborhood.

The watchful and conscientious family physician will be alert to discover such possible causes of disease. If he be more than a mere administrator of drugs, an acute observer of various natural phenomena, and well posted in the principles which underlie all successful drainage, he will undoubtedly succeed many times in saving or prolonging lives which otherwise would have soon been sacrificed to unsanitary surroundings.

The sanitary condition of drinking water holds a front rank among the influences which determine the healthfulness of a locality and its inhabitants. It needs no argument to prove the disastrous effect of contaminated water when taken into the animal economy. By contaminated, I mean particularly water affected by sewage and excremental filth, although it is quite possible that water polluted from other sources, as from decomposing vegetable matter, may be deleterious to health. Just as sewer air may escape undetected into living apartments, its presence betrayed by no foul smell, and meantime do its deadly work in slowly poisoning the frail bodies of its victims, so may well water be taken into the body repeatedly, the consumer never suspecting, from its odor, or appearance, or taste, that it contains the potency of disease. A water rank with the smell and taste of vegetable decomposition may be spurned as unfit for use, yet another water, though of pleasing appearance and taste, may be for that very reason more deadly in its working.

It has been proven by too many authenticated instances to admit of doubt that typhoid fever may be communicated by water into which has percolated through the soil dejecta from an infected patient, although the privy vault or other place of deposit may have been some distance away. The deodorizing properties of the earth have often availed to make such water not unpalatable. The abominable and criminal carelessness in disposing of refuse, which is so often seen by all of us among people who know better, as well as among those who do not, needs no comment. But in our larger villages of many years' standing, where there is not a system of sewerage, a condition of soil is liable to exist which is full of danger, and which, because of its gradual development, is apt to be overlooked. I refer to the continued soaking of animal and vegetable filth into the soil upon which the town is built, owing to the multiplication of cess-pools and surface drains, until, after many years, the whole ground has become infiltrated with organic products of foul origin. In such a soil well water can no longer be depended upon for purity, even though there be a strict regard paid to the separation of the well from places of waste deposit. Eventually pestilence will visit such hot-beds of disease, and many theories but the right one will be advanced to explain a so-called terrible "visitation of Providence." Diphtheria and scarlet fever in such communities assume a malignant type from the first, and linger long without abating, whereas, had the hygienic surroundings been good the above-mentioned diseases might have existed, but not in so destructive a form.

Surely, the abandonment of wells as sources of drinking water in such instances will commend itself

to every sensible mind as the only course to be pursued.

The utter disregard of all rules of hygiene, and even of decency, which is too frequently seen in the discharge of the refuse of a great city into the same body of water from which that city or a near neighbor receives its supply of drinking water, is beginning to receive the attention which its importance demands. A few more epidemics of disease, and large mortality lists, it is to be hoped, will secure appropriate legal enactment to control such action on the part of corporations.

Time would fail to point out the innumerable abuses which human nature heaps upon itself in the discharge of the functions of daily life. We have but referred to some of the dangers incident to foul air and foul water, and a few of the many ways in which that danger is incurred. The neglect of sunlight and exercise, improprieties both in food and dress, are all factors in causing disease of no mean account in making up the sum total of preventable diseases. It has been estimated that one-third of all the sickness and mortality in this State for a year is preventable.

No reminder is needed that pulmonary phthisis is a disease which, with lamentable frequency, is inscribed upon the death certificate as the chief and determining cause of death. Though not entirely preventable, yet I believe that thousands of lives might be annually saved were the medical profession more disposed to study the atmospheric and telluric, as well as other influences which favor its development in the predisposed, and to impress their intelligent views upon destined victims with an earnestness which should admit of no wavering as to the course to be pursued.

I would not question the correctness of certain observers who have announced the presence of a peculiar bacillus in the lungs of phthisical patients, but should hesitate to pronounce it a cause rather than an accompaniment of the disease. The affirmed contagious nature of the disease appears of minor importance and quite open to suspicion when the clinical histories of vast numbers of cases are compared. I venture to assert that there is vastly more good to be accomplished by careful attention to climatic influences and habits of life than by antiseptics and cod-liver oil with hypophosphites. So pressing does the need appear of more thoroughly educated and studious men to stand as guardians of the public safety in every village and hamlet of this vast country, that I cannot, in conclusion, but revert somewhat to the thought which found utterance at the opening of these remarks. We want men in every country district of the land, as well as in every city, who shall be worthy the name of professional gentleman. Who, in general information and culture, though mingling largely or solely with the uneducated, shall be among them and not of them, and who, by reason of the power which knowledge and mental discipline gives, shall be leaders among the people in every good enterprise, and give a dignity to and a respect for the profession of medicine which, I regret, it does not fully possess to-day. Under the present system of medical education, I fail to see a prospect for the achievement of this desirable result. So long as men are permitted to graduate from some of our most reputable medical schools, to enter the ranks of the regular profession, so poorly equipped for life-service in a profession which demands the very best of talents and preparation, we cannot wonder that quackery continues to flourish and to receive the patronage, humiliating to confess, of some who are on other subjects the most enlightened.

When the requirements for entrance upon the study of medicine in our medical schools are made vastly higher, when the teaching is better systematized and a

longer time in preparation is insisted upon, not only will the profession rise higher in public estimation, but there will then be opportunity for the teaching of hygiene and some other departments, for example that of legal medicine, which now are as a rule sadly neglected.

Thanks to earnest workers and great facilities for education, both at home and abroad, the profession of medicine in America shows a very bright side as well as the dark one to which I have alluded. Scattered through the entire country are men at work who are shedding lustre upon their profession, and others to be numbered by the hundred, who in a quiet way are doing all that is possible to magnify their calling and to induce the respect of mankind.

When such men take the places universally of those who, it is to be regretted, by no means adorn their profession, we shall hear fewer denunciations of doctors, which we know sometimes to be too well deserved, but which reflect none the less surely upon the profession as a whole, because incurred by some unworthy member who is yet in the ranks by the tolerance both of his professional brethren and the law of the State.

No monomaniac will then be permitted, in the public prints, to flaunt his maledictions upon "physic and physicians" as "twin scourges of humanity," because of the respect which the medical profession will everywhere command. Though less in numbers, because of the necessities of the case, when preventive medicine shall have attained its destined eminence, we shall hold a prouder position, and be more than ever the benefactors of the race.

ORIGINAL ARTICLES.

PAPILLOMA OF THE BLADDER; OPERATION; CURE.

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(Read before the Cincinnati Academy of Medicine.)

TUMORS of the urinary bladder are of such rare occurrence and present such varied points of interest in their recognition, prognosis, and therapy, that every example is worthy of careful record. Pain, hemorrhage, and disturbances of the functions of the organ are common to many affections of the bladder, and singly and collectively are scarcely more than aids to the safer methods of diagnosis by physical explorations. Unfortunately even these, together with a most careful examination of the urine, fail to throw sufficient light into some cases in which the rendition of a positive diagnosis prior to an operation or death is simply impossible. The symptoms of calculus, neoplasms, tuberculosis, and prostatic hypertrophy are all gradually developed, and as clinical features of these affections, hæmaturia, pain in the penis, perineum and rectum, and purulent, fetid urine are frequently encountered. In all of these diseases, time brings with it a thickening of the vesical walls. If the examination of the bladder with the searcher give negative results as to the presence of a stone, and particles of a tumor can not be removed from the eyes of the instrument, the obscurity of the case is only enhanced, particularly if the rectal exploration reveals nothing more than the thickened condition of the bladder or an hypertrophy of the prostate. Even

with due consideration to the age of the patient, and the presence or absence of cachexia, to the family history and inherited predisposition to one or other affection, the nature of certain—fortunately rare—cases can not be revealed. I beg leave to present the following illustrative case, which also clearly demonstrates the utility of cystotomy for the relief of urgent symptoms and as a most estimable aid towards the establishment of a diagnosis.

CASE.—In December, 1880, I was called to Union City, Indiana, to see I. M., æt. 26, who had for two years been suffering from an obscure affection of the bladder. With the exception of a slight tendency to tuberculosis the family history is good. The patient although ready to admit that he has had numerous opportunities to contract a gonorrhœa, strenuously maintains that he has never suffered from it. During the first six months of his sickness he observed a desire to urinate more frequently, and the necessity of emptying his bladder from two to four times during the night. The micturition was attended with considerable pain, particularly towards the close of the act. During the last year the pain has been constant, and has necessitated the exhibition of from one to four grains of morphia daily. The pains experienced were at first seated in the perineum and at the root of the penis. Recently they have extended to the glans and the rectum. Within a year severe hemorrhages have supervened four times, and small quantities of blood are lost weekly.

At the time of my first examination the patient was unable to leave his bed, and presented a yellowish tinge of the skin and a body greatly emaciated. The odor in the room convinced me of the existence of some grave affection of the bladder. The pain in the penis is at times so severe that nothing but firm rubbing of the part affords relief. The pain in the rectum is likewise very severe, and becomes excruciating when a hardened fecal mass is expelled. The patient finding it unavoidable to urinate every ten or fifteen minutes holds a urinal between his thighs constantly. The urine when passed is thick and fetid; alkaline in reaction, and speedily deposits a thick ropy sediment which frequently contains the formed elements of blood. The introduction of the sound was so much dreaded on account of the painfulness of previous examinations that the patient was thoroughly etherized before an instrument was used. No obstruction was encountered in the urethra. When the Thompson's searcher had entered the bladder and was rotated it revealed posteriorly and to the left a roughened condition of the bladder which was sufficiently pronounced to interfere with the complete rotation of the instrument. With the finger in the rectum, an enlargement of the prostate was found, and when a second finger was introduced the greatly hypertrophied wall of the bladder could be felt between it and the sound. A prolonged examination failed to reveal the existence of either a calculus or calcareous incrustations. Before removing the instrument, the capacity of the bladder was determined by an injection. Under moderate pressure it held a little less than four ounces.

Early in January, 1881, the patient was brought to the City and occupied a room at the Cincinnati Hospital. During the four weeks that I had not seen him, his general condition had become worse, and his sufferings had augmented to such a degree that unless morphia was administered in one-third or half-grain doses, relief could not be obtained. Evening temperatures, followed by night-sweats had supervened, and a rather copious purulent discharge from the urethra had appeared. Repeated physical examinations failed to throw any further light upon the nature of the case. The great tenderness of the posterior vesical wall and of the prostate when palpated through the rectum, and the suffering produced by each stool led the patient to the belief that his entire trouble sprang from the lower portion of the bowel. In the absence of stone, and without the previous existence of a gonorrhœa to account for the violent cystitis which had developed, the diagnosis, it appeared to me, rested between a tumor of the bladder and tuberculosis of the genito-urinary apparatus. The urethral discharge, the marked sensitiveness of the neck of the bladder, the prostatic enlargement, the decided hectic, and rapidly increasing emaciation were strong factors pointing to the existence of tuberculous deposits about the neck and base of the organ. On the other hand, the absence of tuberculous manifestations in the lungs and in the testicles militated strongly against the presence of a primary tuberculosis of the parts involved in the disease. When tubercles are found in the mucous membrane of the bladder, they are as a rule associated with similar deposits in the vesiculæ seminales, testicles, and particularly in the kidneys. Indeed the existence of a tuberculosis limited to the bladder is so great a rarity, that I have been able to find no other instance than that of Prescott Hewett recorded.

The recurring expulsion of pure blood from the bladder, and its presence in smaller quantity in the urine at short intervals, the pain radiating from the perineum to the penis and rectum, and the inability to sweep the fundus and sides of the bladder with the beak of the instrument, were the prominent symptoms and physical signs that led to the suspicion that a vesical growth was at the bottom of the violent cystic inflammation. Nevertheless, the negative result which was obtained by resorting to Volkman's method of "bimanual exploration" of the bladder made me doubt the presence of a tumor.

Recognizing the futility of internal medication, the impracticability of washing out the bladder on account of the suffering which it entailed, and the inroads which the disease was rapidly making on the general health of the patient, I determined to resort to cystotomy in order to ameliorate his condition and to permit the removal of a neoplasm if one should be found.

Operation (Jan. 19, 1881).—The patient having been placed under the influence of ether, a large grooved staff was introduced into the bladder and the incision usually made for lateral lithotomy practised. When the bladder was opened and the finger introduced, it at once came in contact with a fleshy mass situated on the posterior wall of the

viscus to the left of the median line. As nearly as could be determined by circumventing the growth with the finger, it had attained the size of a small peach. It was not in the least movable, but was firmly attached by a broad base to the vesical wall. On this account, its removal with the *écraseur* or wire-loop was wholly out of the question. Guided by the finger of the left hand, I was enabled to introduce one of Volkman's sharp spoons and without any considerable difficulty break down by a scraping process the tumor, which came away in shreds and in larger masses. The great friability of the tumor unquestionably added to the comparative facility with which this part of the operation was accomplished. Not until I could feel quite a distinct excavation in the place where the tumor had existed did I desist from the scraping process. It is almost needless to add, that the cutting edge of the spoon was always guided by the finger, and that the manipulations necessary to the levelling of the growth were at no time violent. The hemorrhage at the time of operation was very copious, but after its completion it yielded readily to injections of hot water.

Considering the miserable condition of the patient prior to the operation, his recovery from its immediate effects was very gratifying. During the first two days the contact of the urine with the clear surface of the wound gave rise to considerable suffering, but after granulations appeared this source of pain disappeared. During nearly two months the perineal wound remained open and the bulk of the urine discharged through it. The pain in the penis and perineum had passed away, and the desire to urinate had become less frequent. Notwithstanding frequent and copious injections made into the bladder through the perineal aperture while practicable, and later on through the penis, the urine continued alkaline for three months after the closure of the wound and the patient experienced the necessity to empty his bladder from four to six times in the course of the night. The pain in the rectum likewise continued for nearly six months after the operation and at times was so severe that I was repeatedly accused of having operated in the wrong region. The continuance of these symptoms unquestionably depended upon the delayed reduction of the inflamed mucous membrane to its normal condition, and upon the substitution of a slowly healing ulcer in the place of the tumor. Quite a year elapsed from the time of operation before the urine passed by the patient was normal in character, and before he could pass six or seven hours in continuous sleep. The tedious convalescence, which was extremely embarrassing in this case, corresponds with the experience of other operators in similar cases.

The rasping process which in this particular case answered so excellently for the removal of the growth, unfortunately excluded the possibility of any satisfactory investigation of its histological character. Examinations of a large number of particles removed by the spoon revealed the presence of numerous elongated bundles of a loose connective tissue, which were occasionally found to

terminate in rounded-off points like those encountered in the papillomata springing from other mucous membranes, and invested upon their exterior by one or two layers of low epithelial cells. The most marked feature of the teased specimens, which were the only ones that could be obtained, was the great predominance of large capillary loops and meshes, which accounted readily for the frequently recurring hemorrhages. These factors in the histological construction of the tumor, and its non-recurrence after a lapse of two years have almost convinced me that it would properly be classed with

article upon this subject, Dr. Robert S. Hudson¹ records a case in which the bladder was found to contain eight distinct growths which might easily have been removed by *écraseur*, evulsion, or scraping.

For reasons that are patent, the diagnosis and treatment of vesical neoplasms must vary materially according to the sex of the individual. The dilatability of the female urethra, its close anatomical relation to the vagina, and the facility with which instruments can be introduced into it, render the diagnosis and operative treatment of these tumors in

No. of Cases.	Operator.	Age, years.	Nature of Tumor.	Mode of Operation.	Result.	Remarks.	References.
1	Crosse.	2	Multiple polyps.	Perineal cystotomy and discision.	Death.	Tumor not entirely removed.	A Treatise on the Formation, etc., of Urinary Calculi, 1835, p. 44.
2	Gersuny.	49	Sarcomatous polyp.	Perineal cystotomy.	Death.	Failed to reach the growth.	Langenbeck's Arch. f. Chir. 1872, p. 131.
3	Desault.	..	Pedunculated fungus.	Perineal cystotomy.	Recovery.	Coexisted with stone.	Chopart, Traité des Voies Urinaires, t. ii. p. 96.
4	Billroth.	12	Myoma.	Combined perineal and suprapubic cystotomy.	Recovery.	Patient discharged on the thirty-second day.	Langenbeck's Arch., 1875, Bd. 18, p. 411.
5	Volkman.	54	Myoma.	Combined perineal and suprapubic cystotomy.	Death.	From peritonitis.	Langenbeck's Arch., Bd. xix. p. 682.
6	Kocher.	38	"Fungoid tumor."	Perineal cystotomy.	Recovery.	Modified median operation.	Centralbl. f. Chir., April, 1, 1876.
7	Humphry.	32	Pedunculated growth.	Perineal cystotomy.	Recovery.	Convalescence very tedious, with continuance of pain for two months.	Medico-Chirurgical Transactions, vol. 62.
8	Davies-Colley.	21	Papilloma.	Perineal cystotomy.	Recovery.	Continuous hemorrhages the diagnostic feature of the growth.	London Lancet, 1880, vol. ii. p. 980.
9	Berkely Hill.	63	Pedunculated growth, malignant.	Perineal cystotomy.	Death.	Disorganized condition of tumor prevented minute examination.	British Med. Journal, May 14, 1881.
10	Thompson.	29	.. .	Median perineal cystotomy.	Recovery.	Lithotripsy previously performed with only temporary relief.	Royal Medico-Chirurgical Society, April 11, 1882.
11	Morgan.	65	Villous growth.	Median perineal incision.	Partial success.	Had passed gravel before operation.	London Lancet, 1882, vol. ii. p. 440.
12	Marcacci.	54	.. .	Suprapubic cystotomy.	Death.	Death from exhaustion from urinary fistulæ.	L'Imparziale, Fev. 1880.
13	Covillard.	Perineal cystotomy.	Recovery.	Precise data have not been recorded.	A. W. Stein, Tumors of the Bladder, p. 72.
14	Ransohoff.	26	Papilloma.	Perineal cystotomy.	Recovery.		

the non-malignant fibrous papillomata. Considerable doubt may justly attach to this disposition of the tumor, since papilloma vesicæ rarely appears singly, and speedy reproduction is as much a characteristic of the vesical as of other villous growths. Thus W. Alexander¹ reports the case of a woman from whom he removed twelve fungous growths *per urethram* and was forced to repeat the procedure twice within less than two years. In a very able

the female, a matter of comparative simplicity. Hence it is not remarkable that of the 16 cases of operations for cystic growths collected by Gross,² 12 were in females and only four in males. To the former number such large contributions have been made in recent years that the list that could be gathered would rather exceed than fall short of fifty. Over a year ago, Stein³ was able to collect 23 opera-

¹ Brit. Med. Journal, 1878, vol. ii. p. 209.

² Dublin Med. Journal, vol. 67, p. 499.

³ S. W. Gross, Urinary Organs, 1876.

⁴ A. W. Stein, Tumors of the Bladder, Wood & Co., 1881.

tions upon females practised either through the urethra or by incision through the vesico-vaginal septum.

Excepting the worse than useless, hazardous, and unsurgical attempts of French surgeons like Civiale and Mercier to crush these growths in the male bladder with the lithotrite, they were practically considered inaccessible to operative interference until the celebrated case of Billroth levelled the barriers which confined surgeons to palliative measures alone. In June, 1874, this intrepid operator successfully removed from a boy twelve years old a large myoma from the posterior wall of the bladder by a suprapubic incision, after a preliminary lateral operation through the perineum had confirmed the diagnosis, and convinced the operator that the size of the tumor precluded its extirpation through the perineum. Volkman operated in an almost identical case of myoma vesicæ by combined perineal and suprapubic incision, with the result, however, of causing the death of the patient from peritonitis on the fourth day. In the case of Marcacci, the interior of the bladder was illuminated with magnesium light, the rays having been projected from a concave mirror. The tumor recognized by this procedure was removed by suprapubic incision. While the operation was reported as a complete success on the tenth day, the patient succumbed at the end of two months to the exhaustion consequent upon urethral fistulæ. From a rather careful examination of the literature of this subject, I have been enabled to collect a series of fourteen cases (including my own) of vesical tumors operated on in males, which may be seen in tabulated form on page 155.

It will be seen that seven recoveries resulted in eleven cases in which the perineal section was practised; three such operations resulted fatally, and one led to a partial success. Of the three suprapubic operations, two terminated fatally. When it is remembered that the recognition and operative treatment of vesical tumors are as yet in their infancy, the results that have already been obtained are exceedingly satisfactory. The fact that in the fatal cases an operation was not resorted to until the strength of the patients had been exhausted by long suffering, unquestionably has increased the death rate after surgical interference. It can scarcely be too soon to regard it as a good rule of practice that perineal cystotomy, preferably the median, as suggested by Thompson, should be performed in every case of suspected tumor of the bladder in which the symptoms are not affected by palliative means, and in which the presence of malignant disease can be excluded. Should the operation be unrewarded by the detection of a neoplasm, or should it be found that its removal can not be accomplished with safety, the operation would still benefit the patient by giving ready exit to the urine, mucus, or pus, and effectually overcoming the painful tenesmus that is so often encountered in chronic cystitis, no matter from what cause.

SODIUM BICARBONATE IN THE LOCAL TREATMENT OF ACUTE TONSILLITIS.

By J. O. SKINNER, M.D.,

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THERE appeared in the issue of THE MEDICAL NEWS of November 18, 1882, an article by Dr. Stuver, of Rawlins, Wyoming Territory, relative to the efficacy of sodium bicarbonate in the local treatment of acute tonsillitis. As for several years I have been using with much benefit this remedy, combined with myrrh tincture, camphorated opium tincture, and water, as a gargle, in both private and hospital practice, I can fully corroborate his experience in this particular. There are few diseases usually so innocent in their results which are accompanied during the first thirty-six hours of their progress with the same degree of local and general discomfort as acute tonsillitis; and, unfortunately, there are few remedies which have afforded, in my experience, any substantial or permanent benefit during the time specified.

With the exception of warmth and moisture, in the form of gargle or spray, which ordinarily gives immediate though temporary relief, I know of no local treatment so beneficial as the gargle above mentioned. If acute tonsillitis is seen sufficiently early—within a few hours after the local inconvenience has been experienced, and before any marked congestion and enlargement of the tonsils, or general disturbance, as accelerated pulse, increased temperature, intense headache, and that extreme malaise incident to this affection, have occurred—it may be, and frequently is, aborted by once or twice cauterizing thoroughly the tonsils and pharynx with a silver nitrate solution, varying in strength from ten to twenty grains to the ounce of water.

Usually, however, the case is not seen thus early, in which event the silver nitrate treatment will almost invariably increase the local distress, and interfere materially with nature's reparative efforts. The proverbial, and at one time so popular, treatment of acute tonsillitis by the potassium chlorate and iron tincture, either locally or generally administered, I have given a fair trial from time to time during the past fifteen years, and I am compelled to state that the result of such treatment has been, in my experience, far from satisfactory; in chronic or subacute tonsillitis, however, these remedies I have frequently found reliable and beneficial.

The general and favorable repute of the sodium bicarbonate in the treatment of so many functional and structural diseases peculiar to mucous tissue, and the consequent assumption that acute tonsillitis had probably been included in its applications, are the reasons why my experience with it in this affection has not been before reported.

Dr. Stuver's promptness, however, in reporting his experience with it in this disease is commendable, and will, no doubt, if properly observed and acted upon, be followed with much relief to patients, and repute to the physician who will give it a fair trial.

I differ from him only in the belief that it is very

beneficial at times in solution as well as in powder, and a more extended experience will, no doubt, demonstrate this. It will be found very serviceable in many cases of the acute tonsillitis of scarlatina.

MEDICAL PROGRESS.

FAT-NECROSIS, A NEW DISEASE.—PROF. W. KRAUSE describes under the title of Ponfick's disease, or necrosis of the fatty tissue, a case which appears to illustrate the condition only recently (*Virchow's Archiv*, Bd. 90, p. 520) described by Balser, Prof. Ponfick's assistant. The disease starts with a gradually increasing deposit of fat-cells in the neighborhood of the pancreas, which finally reaches such an extent that it causes the destruction, usually accompanied by extensive hemorrhage, of all the other abdominal adipose tissue, particularly that of the mesentery. In the case reported by Krause, gastric distress, vomiting, and peritoneal irritation, followed by collapse, preceded death by only two days. The autopsy showed extensive pancreatic hemorrhage, with degenerative kidney disease.—*All. Wiener med. Zeit.*, January 2, 1883.

GELSEMINUM SEMPERVIRENS IN TETANUS.—DR. J. MARION SIMS reports the following case: Early in September, 1880, he was called to see a strong, healthy mulatto woman, twenty years old, who was suffering from well-marked tetanic convulsions, caused by a broken bit of glass, on which she had trodden two days previously, and which was embedded in her heel. He administered chloroform to enlarge the wound and search for the broken glass. It was impossible to anesthetize her profoundly, and her foot was forcibly held by strong assistants while he made free incisions, but failed to find the fragment of glass. The wound was then filled with morphia, and a common poultice applied; and a cathartic was given, which acted promptly. Knowing well the inefficiency of chloroform, chloral, and opiates in tetanus, he determined to try the effect of the gelseminum sempervirens, because of its well-known power of relaxing all voluntary muscles. He therefore ordered twenty minims of fluid extract of gelseminum every two hours, alternating with the same quantity of liquor potassæ at the same intervals. There was great difficulty in deglutition, but milk and soups were taken in small quantities frequently. On the morning of the second day there was a slight improvement in the rigidity of the jaw, and the general spasms occurred only every three or four hours. But, as the day advanced, the jaw became more rigid, and there were violent and painful contractions of the muscles on the front and back of the chest. The general spasms also became more frequent, and sometimes occurred during sleep. The dose of gelseminum extract was then increased to forty minims every two hours. During the third day there was a marked improvement in both tonic and clonic spasms; the medicine was continued in forty-minim doses. By the close of the fourth day the rigidity of the jaws was almost entirely relieved, and the general spasms recurred at longer intervals, and with diminished violence. After this period, the improvement was rapid and regular, and the dose of gelseminum was reduced to twenty minims, at which it was continued till full convalescence. No remedy of any potency was used after the first six hours but gelseminum, and there can hardly be a doubt that the cure was the result of its use. The extract was given for a week in amounts closely approximating half an ounce to an ounce every twenty-four hours; it produced no other sensible effect than

that of controlling the spasms and arresting the disease.—*Brit. Med. Journal*, December 23, 1882.

EXCITATION OF THE HUMAN BRAIN.—SCIAMANNA (*Arch. di Psichiatria*, 1882, p. 209) had the opportunity of applying both faradic and galvanic stimuli to the brain (chiefly through the dura mater) of a man who, in consequence of an accident, had lost part of the right parietal bone.

Excitation of the middle of the ascending frontal convolution produced contraction of masseters and closure of the jaws; of the lower third of the ascending parietal, rising of the left ala nasi and corner of mouth; of posterior central fissure (between ascending parietal and inferior parietal lobe), flexion of arm and raising of eyebrow; of posterior portion of plica supramarginalis (near inferior temporal convolution), rotation of head to left, movements of orbicularis palpebrarum, of tongue, and eyebrow.—*Brain*, Jan. 1883.

THE BACILLUS TUBERCULOSIS.—BALMER and FRAENZEL have examined the sputa in one hundred and twenty cases of tuberculosis; in all they found the bacilli present, the abundance bearing a relation to the severity of the disease. Numerous examinations of the sputa of ordinary bronchitis failed to reveal the presence of bacilli. They believe that a prognosis can be formed upon the number and character of the organisms. Whenever they are abundant and well developed, the destruction of lung tissue is rapidly going on. When they are few in number, small, and having no trace of spores, the disease is either arrested, or is making slow progress.—*Berliner klin. Woch.*, No. 45, 1882.

RUPTURE OF THE PULMONARY ARTERY.—DR. ARRO reports in *Revista de Ciencias Medicas*, December 10, 1882, the case of a man who, while apparently in perfect health, was suddenly attacked with severe pains in the chest and clavicular region, extreme anxiety and difficulty of respiration. This condition lasted for thirty hours, when death suddenly occurred. At the autopsy, the chest was found filled with an enormous quantity of blood, which had escaped from a rent in the walls of the pulmonary artery, about an inch before its division, where it was thin and dilated.—*Gaz. Méd. de Nantes*, January 9, 1883.

THE FIRST RESPIRATORY MOVEMENT OF THE NEWLY BORN.—DR. W. PREYER, Professor of Physiology at the University of Jena, contributes to a recent number of the *Zeitschrift für Geburtshülfe und Gynäkologie* a study of the above subject. He has investigated, by means of experiments upon animals, the mode by which the first respiratory movements are brought about, and comes to the following conclusions: The necessary condition for the occurrence of the first respiratory movement is stimulation of the peripheral nerves. In utero, with the placental interchange of gases normally going on, such stimuli as the cutaneous nerves of the fœtus usually receive are not sufficient to excite the irritability of the respiratory centre. But if the amount of oxygen in the fetal blood is diminished, the irritability of this centre is increased, and then any peripheral stimulus will excite reflex premature efforts at inspiration, which often takes place without any harm to the fœtus resulting. Without any increase in the irritability of the respiratory centre, or diminution of the amount of oxygen in the fetal blood, extraordinary peripheral stimuli may excite inspiratory movements in the fœtus. Such movements taking place during delivery often, after separation of the fœtus, pass, without detriment to it, into normal respiration.—*Medical Times and Gazette*, December 23, 1882.

THE PATHOLOGY OF PARALYSIS IN CASES OF ARSENICAL POISONING.—DR. JASCHKE has made a careful study of two cases of arsenical poisoning which occurred in the clinic of Prof. Berger, in Breslau, and concludes, on the following grounds, that the paralysis is of peripheral origin.

1st. On account of its localization in the path of a single nerve, the median peroneal.

2d. Because the sensory disturbances, hyperæsthesia and anæsthesia, were confined to the same location.

3d. The absence of any special symptom of spinal lesion.

4th. The absence of atrophy, in spite of the prolonged duration of the disease, excluding the possibility of anterior poliomyelitis, as it is known that atrophy is much less marked in cases of peripheral lesion than when the disease is of spinal origin.

5th. Although the paralysis was strongly marked, recovery occurred, rendering the cases analogous to instances of peripheral facial paralysis.

6th. The electric reaction corresponded to that seen in peripheral palsies.

7th. The existence of pain on pressure in the affected muscles.—*L'Abeille Méd.*, January 15, 1883.

PHYSIOLOGICAL ACTION OF THE BROMIDE OF CONIUM.—PREVOST (*Arch. de Physiol.*) comes to the following conclusions from an experimental study of this drug:

1. Paralysis from the bromide of conium results from its effects upon the motor nerves, whose irritability is destroyed.

2. If the bloodvessels of the posterior extremities of a frog be tied, and then the drug injected, these parts will remain unparalyzed, while the anterior part of the body is affected.

3. In this way, the action of both strychnia and conium can be demonstrated on the same animal.

4. The vagus is affected more quickly than the other nerves, and also regains its normal condition sooner.

5. The secretion of the urine, saliva, and tears is increased by conium.

6. The conium is excreted in the urine. The urine of a cat which had been poisoned with conium was evaporated to a syrup, and portions of this were injected under the skin of several frogs, in all of which it produced characteristic symptoms of conium poisoning.

7. The secretory nerves preserve their irritability and augment the secretions simultaneously with the loss of irritability of the vagus and muscular nerves. However, electrical irritation of the cervical sympathetic and of the chorda tympani arrests the secretion of the saliva. Peripheral irritation of the nerves of the arm induces free perspiration of the palm, when muscular contraction cannot be produced. The same is true of the nerves of the foot.

8. In the warm-blooded animals, if artificial respiration be resorted to, the heart continues to beat.

9. It is doubtful if the nerve centres are at all affected by the poison, for in warm-blooded animals the convulsions were wholly due to asphyxia, and were relieved when artificial respiration was practised.

10. The irritability of the muscular substance is not affected by the drug.—*Physician and Surgeon*, January, 1883.

A NEW REACTION OF THE URINE IN INFECTIOUS DISEASES.—At a recent meeting of the Gesellschaft der Charité-Aerzte, in Berlin, EHRLICH described a new reaction of the urine. When a solution of sulphanilic acid (*sulphanilsäure*) and ammonia is added to the urine from cases of tuberculosis, typhoid, or other infectious fever, a bright-red color is produced. The

urine from cases of ordinary inflammatory or febrile diseases does not give this reaction. The details are promised.—*Berliner klin. Woch.*, January 1, 1883.

ŒSOPHAGOTOMY.—On September 4, 1882, external œsophagotomy was performed in the Kommunehospital at Copenhagen, by DR. HOLMER. The patient, a man aged thirty, was a lunatic who had swallowed a stone with suicidal intention two days before. The foreign body became impacted in the gullet a little before the larynx, and could not be dislodged either upwards or downwards. The accident was further complicated by the "cradle" of Gräfe's coin-catcher having become detached during the attempts to extract the stone, and remaining in the gullet. Dr. Holmer then made an incision along the anterior border of the sternomastoid muscle, and opened the œsophagus over the site of the impacted substances. The little "cradle" was first removed, and, after a good deal of trouble, the stone was seized with a pair of forceps such as are used for lithotomy in children, and extracted. The stone was found to be five centimetres long, by five centimetres wide at its broadest part. The wound was dressed with iodoform, and the patient made a rapid recovery. His voice, however, remained hoarse, owing to paralysis of the left vocal cord. This was possibly due to injury to the left recurrent nerve during the operation, but Dr. Holmer thinks it more probable that it was caused by the pressure of the stone, as the patient's voice was husky when he first came under observation.—*Med. Times and Gaz.*, Jan. 13, 1883.

THE EXTERNAL ACOUSTIC NUCLEUS AND THE RESTIFORM BODY.—MONAKOW (*Neurol. Centralb.*, No. 21, 1882) divided the left half of the spinal cord immediately below the decussation of the pyramids in a rabbit on the day of its birth. Six months afterwards the brain was examined, and the following changes found: atrophy of left lateral columns of the medulla; partial atrophy of the left formatio reticularis; atrophy of the lateral cerebellar tract; atrophy of left funiculus cuneatus and its nucleus; atrophy of the external acoustic nucleus; partial atrophy of the left corpus restiforme (inner side); partial atrophy of cortex of upper vermiciform process.

No change in the auditory roots, ascending trigeminus root, or inner part of cerebellar peduncle. Hence the author concludes that the external acoustic nucleus is in relation with spinal fibres, and not with the auditory nerve nor the cerebral peduncle; that the funiculus cuneatus passes partially through the corpus restiforme; that the lateral cerebellar columns terminate in the superior vermiciform process.

[In a paper recently read before the Société de Biologie, Laborde gave an account of some experiments made by M. Duval and himself on the semicircular canals and the corpus restiforme. Injury in both cases gave rise to the same phenomena (loss of equilibrium). He describes certain fibres which he believes to start from the ampullæ, and some of which go to the restiforme body, others to the cerebellum.]—*Brain*, January 1883.

A MODIFIED CATHETER.—DR. HUPEDEN believes that chronic catarrh of the bladder is largely kept up by the introduction of bacteria, etc., in catheters which it is impossible to clean. He advises, therefore, that the blind end of the catheter, up to the opening in the side for the escape of urine, be made perfectly solid, so as to facilitate cleaning by removing a lodging-place for foreign materials, which is almost inaccessible for cleaning purposes.—*Berliner klin. Woch.*, January 15, 1883.

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SATURDAY, FEBRUARY 10, 1883.

THE ANNUAL MEETING OF THE NEW YORK STATE MEDICAL SOCIETY.

In this issue of THE MEDICAL NEWS we have the pleasure of laying before our readers a full report of the proceedings of the annual meeting of the New York State Medical Society, received by telegraph from our special reporter at Albany. The Society's proceedings this year will be read with unusual interest, on account of the importance attached to the discussion of the new Code, and we are happy, therefore, to be able promptly to place before our readers a full report of the meeting.

By a vote of 105 to 99, the Society, after a year's deliberation, has reaffirmed its approval of the "new Code," and has thereby placed itself in opposition to the expressed sentiment of two-thirds of its component county societies, of the American Medical Association, and of the entire medical community of the United States outside of a few counties of the State of New York.

The New York State Medical Society in its new Code virtually declares to the people that any one whom the laws of New York permit to practise physic or surgery, whether he be educated in medicine or not, whether he be an eclectic, homoeopathist, herbalist, physio-botanist, Thomsonian, bone-setter, or what not, is in medical matters entitled to the confidence of the community, and that there exists no honorable reason why a physician should not give his endorsement to such a charlatan by meeting him in solemn consultation, and become a party to the treatment of a case in his charge, the management of which may involve the responsibility of the life or death of the patient.

The lay press, speaking for the public, will applaud the new Code, because it cannot see beyond the apparent liberality in the expressed willingness to meet in consultation any one, whatever his knowledge or fitness may be, whose services the patient can command. But it is in reality the public itself which is most injured by the Code, for it obliterates the broad distinction, which was previously easily recognized, between scientific medicine and medical charlatanry.

The new Code has been condemned with absolute unanimity by the profession outside of a few counties including the cities of New York and Brooklyn, and it remains to be seen if the large majority of county societies constituting the State Society will accept it, or if, in the event of failure to repeal it next year, they will consider it advisable to form a new State Society, and thus place themselves again in affiliation with the American Medical Association and the profession of the whole country.

THE HYGIENIC TREATMENT OF ALBUMINURIA.

In the treatment of the different forms of renal affection included under the general term Bright's disease, albuminuria is the symptom which deserves most attention. Not because, as is commonly supposed, of the drain which such an albuminuria exerts upon the body, for even in large albuminurias the proportion of albumen is seldom more than $\frac{1}{10}$ of 1 per cent.; and even when the proportion is higher, that is, $\frac{1}{2}$ or $\frac{3}{10}$ of 1 per cent., such a loss is not very harmful, and half a pound of beef will supply the albumen lost at this rate for an entire week. The reasons why the albumen is of such importance is, rather, that it is an index of the extent of the renal disease. Without albuminuria it is not easy to diagnosticate a disease of the kidney, and especially Bright's disease, even though from time to time albumen may be absent, and we are constantly in the habit of estimating the seriousness, the progress, or decline of a renal disease by the variations in the quantity of albumen. Senator suggests that the excretion of albumen may act as an irritant to the kidney, since J. C. Lehman and Stokvis have shown that when egg albumen is introduced into the blood, more is excreted than is introduced, such increase being due to serum-albumen and globulin.

The therapeutics of albuminuria have not been satisfactory. Neither astringents, fuchsin, pilocarpin, nor the acids, have justified the claims made in their favor. The usefulness of iodide of potassium in some forms of chronic nephritis is not denied, nor our ability to combat other symptoms, as the dropsy, asthma, etc., for which we have efficient remedies, but we refer only to albuminuria.

One is easily deceived as to the usefulness of remedies for acute nephritis, since it frequently terminates favorably, independent of any therapeutic measures. In chronic nephritis, also, it is equally easy to overestimate a remedy, because variations in the course of the disease are common, and the albuminuria may diminish for days, and even weeks, whether therapeutic measures are used or not—partly because of complications, partly because harmful influences are avoided, and partly because of hygienic measures. With regard to the latter, experience has shown that while very brilliant results cannot be claimed for them alone, they are at least more satisfactory than the results which follow the use of drugs alone.

Since the publication of his monograph on "Albuminuria in Health and Disease," the name of SENATOR is perhaps better known in connection with albuminuria than that of any other writer or investigator. On this account a recent lecture by him before the Berlin Medical Society (*Berlin. klin. Wochen.*, Dec. 4, 1882), on the hygienic treatment of albuminuria, should excite unusual interest.

First in importance in this method of treatment is diet. Two points must be remembered in relation to this: 1st, the influence which the act of digestion itself exerts upon albuminuria; and, 2d, the influence of the different varieties of food. With regard to the former, recent observation has shown that during digestion the excretion of albumen has been increased in those in whom albuminuria is present; has returned in those from whom it has disappeared; while the digestion of a full meal has even caused a transitory albuminuria in those who are otherwise free from it. Hence the rule that, *in albuminuria it is better to take small quantities of food, at short intervals, than larger quantities at longer intervals.* Much more important is the selection of suitable articles of food. Even the older physicians noticed that certain articles of food increased albuminuria, while recent experiments have shown that not only the injection of egg albumen into the blood produces albuminuria, but even its introduction into the stomach. *The use of eggs should therefore be avoided*, at least in albuminuria of long standing. The same is true of animal flesh and cheese, which should be interdicted, not for this reason alone, but because they add to the urea, and probably also to other effete proteid substances, in the blood, and thus increase the danger of uræmia. When it is not desirable to exclude meat wholly, that should be used which is poor in albumen, as veal and young fowls, and of these the "white meat." On the other hand, vegetables may be freely used, and of these the green vegetables, salads, and fruits, are to be preferred to those more rich in albumen, as the legum-

inous. The propriety of using other articles of food, as, for example, the fats, which, in consequence of the restricted albuminous food would seem desirable, must be determined by the condition of digestion.

As regards drink, it has been the practice to forbid the use of alcoholic drinks, because clinical experience has shown that the intemperate use of alcohol induces renal disease; but, recently, Von Pentzold has shown, experimentally, that inflammatory renal affections may be produced in dogs by ethyl and amyl alcohol. But, while water and effervescing and alkaline drinks are more suitable, the use of alcoholic drinks need not be entirely prohibited, especially to those accustomed to their use. Whiskey, brandy, etc., should always be avoided, unless special indications, as those of collapse, demand them. Senator has usually permitted the use of red wine, rather from tradition than upon any well-determined grounds. The value assigned by some to the tannin contained in these wines is not justified, for, in the first place, tannin is useless, and in the second, its quantity in the red wines is too small to have any effect. He also considers beer more harmful than wine, notwithstanding the well-known fact that the strongest beers contain less alcohol than most wines. In one instance only—in a case of the so-called albuminuria of health—did Senator find that the use of wine increased the amount of albumen excreted, while beer did not. Finally, spices and highly seasoned food, and errors of diet of any kind, are harmful.

It is interesting to note that the milk treatment, which is the most valued of the dietetic methods, corresponds entirely with the principles just laid down. In alluding to it, Senator says, "An exclusive milk diet can seldom be maintained for any length of time, and it must not be taken too literally. If an adult, for example, takes two quarts of milk daily, he does not obtain the minimum quantity of albumen required for the maintenance of life." According to Voit, an adult person, who does nothing, and receives only the so-called "sustenance diet," requires daily 85 grammes of albumen, 30 grammes of fat, and 300 grammes of carbohydrates; and even for aged beneficiaries, not less than 60 to 80 grammes of albumen daily are necessary. On the other hand, the 74 grammes of fat contained in two quarts of milk is more than twice the amount required, while the proportion of carbohydrates, not quite 100 grammes, is far too little. The deficiency is in part made up by the fats, which can substitute the carbo-hydrates. But, in order to make up the entire deficiency, more carbo-hydrates are necessary. This is done by adding a few hundreds grammes of bread, and instead of pure milk, using milk soups, made by adding carbo-hydrates,

in the shape of flour, oatmeal, etc. Such a milk diet can be carried out with good results, and corresponds with the above-named conditions of a diet for albuminuria.

In this admirable lecture, which is based upon common sense as well as scientific reasoning, Senator refers to the treatment of albuminuria by *mineral waters* and *baths*, by *rest* and *climate*. The advantages sometimes derived from the first, he is inclined to ascribe to their action upon digestion, the saline or alkaline saline waters being those generally most useful. Hot baths are useful by favoring the action of the skin, inviting the blood to the surface, and promoting molecular change. For favoring the first two objects also, the use of woolen underclothing is efficient.

Since *muscular exertion* has been found to increase albuminuria, Senator highly approves of rest in bed, and if the patient suffers for the want of fresh air, he recommends driving. He might have added that daily massage and the sun-bath are also admirable substitutes for the muscular exercise which is forbidden. Especially should muscular exercise be avoided by women during menstruation, for it has been observed that albuminuria is increased at such times, quite independently of the admixture of menstrual blood. Psychical influences such as fright, or intense emotion of any kind, having been found to aggravate albuminuria, should be carefully guarded against.

Finally the *climatic* treatment may be made to include nearly all of the foregoing, and is therefore likely to be of the highest service. The Southern dry climates are the most beneficial. What the climatic treatment is to the rich, hospital treatment is to the poor, for in it, too, are combined the dietetic measures, the uniform warmth, and the rest in bed, which are so essential in the treatment of albuminuria.

Most, if not all, of the methods of treatment above mentioned have been tested by ourselves, and we can freely say with Senator, that while brilliant results in chronic albuminuria are as rare by hygienic as by other methods, it is still possible by means of them, not only to decidedly diminish the excretion of albumen, but also, at times, to cause its entire prevention—to produce in fact what may be termed a cure.

ANÆSTHETIC MIXTURES FOR SMALL OPERATIONS.

It is often desirable to apply locally some anæsthetic material to deaden the sensibility sufficiently for small operations. There are various expedients proposed for this purpose. We do not now refer to the use of ether spray, but to various liquids which may be applied directly, and the sense of pain so far obtunded as to permit incisions without

experiencing any other sensation than the mere touch. The mixture of chloral and camphor is often useful. When equal parts of chloral and camphor are triturated together, a clear, somewhat viscid, transparent solution results. This solution has considerable solvent power, and will take up a comparatively large proportion of morphia. Chloroform may also be added to it without precipitation of any portion of the dissolved constituents. Thus: R. Chloral., Camphor., aa 3ij; Morphiæ sulph., ʒss; Chloroformi, ʒj.—M. This may be applied with a camel's-hair brush over the area to be incised, allowed to dry, and reapplied as freely as may be necessary to render the part insensible to pain.

Amongst the anæsthetic mixtures for surgical purposes proposed by Prof. Redier, are solutions of camphor in ether and in chloroform. According to Redier, one drachm of camphor may be dissolved in two drachms of ether, or the same quantity of camphor in two drachms of chloroform. A useful anæsthetic mixture is prepared by the addition of crystallized acetic acid to chloroform, in the proportion of one part of the acid to twenty parts of chloroform. These anæsthetic solutions are applied by the brush freely over the part the seat of pain, or to be incised. In some instances it may be better to moisten a cloth or some cotton and allow it to remain for some time in contact with the part.

Pure carbolic acid has an anæsthetic effect when applied to the skin. This fact, originally stated by Dr. Bill, of the army, in a paper which appeared in the *American Journal of the Medical Sciences* some years ago, has been utilized to some extent since, to lessen the pain of incisions in the skin in small operative procedures.

MYXEDEMA.

M. GUERLAIN recently presented to the Société de Chirurgie, of Paris, an eminently characteristic communication on "the influence of traumatism in the development of that curious affection which M. Charcot has described under the name *myxœdema*." All the world, outside of France, knows that Sir William Gull first mentioned this disease as a "cretinoid state supervening after adult life in women," the paper appearing in vol. vii. of the *Transactions of the Clinical Society of London*. The term "*myxœdema*," was proposed by Dr. William M. Ord, in a paper to be found in vol. lxi. of the *Medico-Chirurgical Transactions*. Charcot was not even the first author to write on this disease in France. Dr. Hadden, we think, gave the first account of it in *Le Progrès Médical*, Nos. 30 and 31, for 1880.

Although M. Guerlain cannot maintain the claim put forward for Charcot, he succeeds in showing

that some cases have their origin in lesions of the cervical sympathetic, and he presents the details of one example thus originating. At the same meeting M. Verneuil referred to a case communicated by Dr. Henrot, in which the cervical sympathetic had undergone hypertrophy, having attained the size of an index finger. The view which has been maintained by neurologists that myxœdema is a nervous affection, receives strong support, therefore, from these examples of the disease caused by an affection of the sympathetic.

THE APPROPRIATION TO THE LIBRARY AND MUSEUM OF THE SURGEON-GENERAL'S OFFICE.

IN our issue of last week, page 116, was a news item that "The Army Appropriation Bill, as reported to the Senate, abolishes the office of Assistant Surgeon-General, and appropriates \$15,000 for the purchase of books for the Army Medical Museum." We are very sorry to learn that, so far as the appropriation is concerned, this item is incorrect. Instead of giving \$15,000, the appropriation is proposed to be reduced to \$5,000, for the museum and library together. It will be remembered that a similar reduction was proposed by the House committee on appropriations, but that it was restored to the usual amount, viz., \$10,000, on motion of Mr. Butterworth.

What can have induced the Senate committee to recommend this exceedingly inexpedient reduction we do not know, although we are told that one of them says that "there is no use in spending Government money for books which nobody cares anything about except a few doctors." We can assure the committee that there are a good many doctors all over the country who are interested in having this library made and kept as complete as possible. It should have every medical book, pamphlet, and journal as soon as published, and to do this it ought to have an appropriation of \$10,000 a year, besides what is required for the museum.

The benefits of such a library upon medical literature and medical education in this country are immense and continuous, and they extend to the patients of physicians quite as much as to physicians themselves. We must confess that it is a little discouraging to find a committee of United States Senators recommending such action as this in the face of the information which they have, or should have, as to the practical value of this museum and library, and as to its importance to the medical profession of the country. We give herewith the names of this Senate Committee, and we think they should hear from their medical acquaintances on this subject. It is to be hoped that the amendment will be stricken out, and that, at all events, the

House Committee in conference will firmly refuse to accept this amendment.

Senate Committee on Appropriations: Hon. William B. Allison, of Iowa; John A. Logan, of Illinois; Henry L. Dawes, of Massachusetts; P. B. Plumb, of Kansas; Eugene Hale, of Maine; Henry G. Davis, of West Virginia; James B. Beck, of Kentucky; Matt. W. Ransom, of North Carolina; Francis M. Cockrell, of Missouri.

A SOCIETY FOR THE SUPPRESSION OF VIVISECTION.

THE public prints state that a society for the immediate suppression of vivisection, "the deadliest of all cruelties," is about to be started in this city, and doubtless in the other large cities of the country. Well-meaning but inconsiderate and ignorant zeal could scarcely go further. To protect animals from cruelty, whether of carter or doctor, is not only right, but laudable. But it cannot be too strongly or too often urged that to search by experiments upon animals for the functions of the different regions of the brain, or the exact effects of certain drugs, or for an antidote to the venom of dog or of serpent, and such like scientific and practical facts bearing on the health and the lives of the community, is not cruelty to animals any more than their slaughter for food or clothing, and far less than their slaughter for mere ornament or their maiming for sport. To "suppress" vivisection will be cruelty to man himself by condemning the race to needless suffering and to death by hindering scientific investigations, which will relieve the one and prevent the other.

Another point also is misunderstood. The opponents of vivisection give an impression to the general public that vivisection is a wide-spread and frequent evil, as if every callow student of medicine rushed into the field of experimentation upon animals. The fact is the other way. Few, very few medical men do any work in this direction. The proposition to restrict it to competent professors, etc., is useless, since it is practically so restricted at the present time. To say nothing of the time and trouble, the expense alone would restrict it to a very narrow circle. In fact, we doubt very much whether there be in the goodly city of Philadelphia, out of her 1500 doctors, six men engaged in vivisection, and they only occasionally, and not as a continuous occupation. Whether it be worth while to organize a whole society to suppress these six men is a serious question.

We trust that not only our professional but our lay readers will do all in their power to counteract the baneful influence of any such society if it be formed. Kindness to animals, when it becomes indirect cruelty to man, is simply monstrous.

M. DESNOS has found resorcin very effective in reducing the temperature of typhoid. Under its use, the heat has fallen in a short time three degrees Cent., and the decline of temperature is accompanied by profuse sweating. It has proved more manageable than carbolic acid, and it has a good effect on the diarrhoea. As it is a safe remedy, it will probably prove very valuable in the treatment of typhoid. M. Desnos has, also, essayed the use of resorcin in the treatment of rheumatism and phthisis, but he concludes that it has no special value in these diseases.

DR. DUPRÉ has lately made the relation of urea-formation to the functions of the liver the subject of a thesis. He concludes that, whilst the liver is not the only source of urea formation, it is the principal one. The formation and expulsion of urea and of uric acid are depurative acts in which the liver participates. All those circumstances which increase the normal activity of the liver also augment the quantity of urea, and *vice versa*.

SOCIETY PROCEEDINGS.

MEDICAL SOCIETY OF THE STATE OF NEW YORK.

Seventy-seventh Annual Meeting, held in Albany February 6, 7, and 8, 1883.

(By telegraph from our Special Reporter.)

TUESDAY, FEBRUARY 6TH.—FIRST DAY.
MORNING SESSION.

THE Society met in the Geological Hall, and was called to order by the PRESIDENT, HARVEY JEWETT, M.D., of Canandaigua.

Prayer was offered by Rev. Albert Foster, of Tabernacle Baptist Church.

THE PRESIDENT then delivered his

INAUGURAL ADDRESS.

GENTLEMEN—With pleasure and great cordiality would I greet you upon the return of this the seventy-seventh anniversary of our honored Society. We are gathered according to usage as representatives of the medical profession of the Empire State, to discuss scientific subjects connected with our profession, to strengthen our social and fraternal ties, and to animate our mutual zeal and industry in the exercise of our daily toil and philanthropic labors.

You will pardon me if, at the very threshold of my present duties, I pause to make my grateful acknowledgment for the high compliment of an unanimous election to the presidency of the largest medical society in the United States. Fully do I appreciate it, diffidently have I accepted it, while bringing to it my deepest interest and desire that all we say and do may leave an impress of value and improvement on the great interests we have in charge.

The age in which we live is especially characterized by the enthusiasm and push in every department of literature and science. Not alone have the special departments of our profession been advanced by the indefatigable labors of those who are devoting their time and talents to the prosecution of their work, but the

art and science of medicine generally is advancing, until we look forward to further possibilities and higher achievements in scientific investigation and discovery. If we look back for half a century and mark the steady and progressive steps in medical practice, the dissipation of crude views and absurd practices that governed the profession in those days, and note what has been accomplished in this generation, we shall find an amazing advance on any other period in the world's history.

The result of all legislative enactments in this, and I believe in other States, for the last forty years, to regulate the practice and elevate the standard of medical education, has done little or nothing to abate quackery, or increase the interest in medical literature in this State. Whatever is done in regard to this subject must be done by the profession through their individual organizations. The profession is competent, through their representatives in the State and county societies, to establish what shall be the standard of attainments of those who are to be received into their ranks. A more complete and thorough preliminary education of young men who desire to enter upon the study of medicine is the first step in advancing the cause of medical science. A much higher standard of medical qualifications before the granting of a diploma is universally conceded and acted upon by the leading medical colleges in this country. These requirements, if carried out, will in the future tend to bring about the desired result. We have as a nation reached a stage of progress and development when our leading medical schools can carry the standard of professional education to a much higher plane than in years that are past. The graded course of instruction, as adopted in the medical department of the University of Pennsylvania, Harvard College, and the Syracuse University, especially commends itself to our consideration, and in due time no doubt will be adopted by the medical schools in this country as the most systematic and approved method of instruction.

In 1872 a law was enacted in this State, creating a State Board of Examination, whose duty it should be to certify to the qualification of candidates for the honor of graduation from our medical colleges. This law was not made obligatory, and was not received with favor by the medical schools at that time, hence it has been inoperative and useless. This law should be made compulsory and comprehensive, embracing all medical schools, under whatever name, which aspire to the dignity of conferring degrees upon their pupils. The existence of such a board of examination appointed by the Regents of the University and the Medical Society of the State, and entirely disconnected from the schools, whose certificate alone shall be a passport for graduation, would remove all imputation of partiality or favoritism from any source. This plan carried out will exempt the teachers from final responsibility, and sift out those who are disqualified to enter the ranks of the profession. "All medical schools that fail to come up to the required standard of instruction" will go down for want of patronage, and we shall see illustrated the doctrine of evolution in the "survival of the fittest."

The recommendations of my predecessor in relation to the establishment of separate hospitals in our large cities for the isolation and care of those who are suffering from contagious diseases, such as scarlet fever and diphtheria, as well as the humane supervision of factory children, are eminently philanthropic and demand considerate attention at the hands of this Society, and I trust that they will be speedily carried into practical operation.

The subject of the adulteration of food and drugs has been repeatedly considered by the members of this Society, as well as by boards of health in various

parts of the country. Notwithstanding all our vigilance this nefarious fraud is daily practised in our large cities. The State Board of New Jersey has established a board of analysts to whom this subject is referred. This Board, as well as our own State Board of Health, is making diligent effort to investigate and suppress this iniquity.

I would call your attention to a time-honored custom of this Society, of holding the evening session of the second day in the Assembly Chamber of the Capitol, to listen to the annual address of the President. There is nothing in the by-laws of this Society having special reference to the time or place where the President's address shall be delivered. Article 1st, Section 7th, says that "The annual meeting of this Society shall be held at the Capitol, or some convenient place in the city of Albany, on the first Tuesday in February in each year, and all other meetings shall be held at such time and place as may be determined by a majority of the Society convened at any legal meeting." Reasons may have existed in the early history of this Society, at the time of the adoption of this rule, that do not exist at the present time, and I would respectfully suggest that the annual address of the President be delivered in the hall where we hold our daily sessions.

I would also direct the attention of this Society to the efficient and philanthropic labors of our State and National Boards of Health. The National Board was organized by law in 1879, in response to an emphatic and vigorous appeal to Congress, on the part of the medical profession and the philanthropists of this country. The board has done much in the brief time of its existence, to stay the progress of contagious and epidemic diseases, to aid State and municipal boards in its advisory and coöperative capacity, in limiting the spread of pestilential diseases in our land, without materially interfering with the commerce of our seaboard, or traffic on our inland rivers. The labors of this board are practically suspended by the remarkable disregard of the public health, on the part of Congress, in withholding supplies to carry on their labors. I trust the Society at this time will give the subject considerate attention, and not only endorse the action and services of the National Board, but give an emphatic expression of their views in regard to withholding congressional appropriations to carry forward this eminently benevolent work.

At the annual meeting in February, 1881, this Society appointed a committee of five, from among the most distinguished medical gentlemen of the State, to consider and revise the old Code of Medical Ethics which had governed our action for nearly forty years. In conformity with the instructions given this committee, they presented their report at the annual meeting in 1882. At the same time a substitute was offered to this effect—that we abolish all restrictions relative to the practice of medicine, as superfluous and unnecessary in the presence of the unwritten or higher law, leaving all ethical questions to be settled by the gentlemanly instincts of the profession. The report of the committee, as well as the substitute, was printed and placed in the hands of every member of the Society who desired a copy, that they might examine and vote deliberately and understandingly upon the changes reported for their consideration and adoption. After a general discussion, in which all present had an opportunity to express their views, the report of the committee was adopted by a large majority. The new Code has not been received by the profession, or the medical press, in this and in other States with cordiality or favor, but on the contrary by the most outspoken and emphatic opposition. The county societies, at their first meetings, expressed their surprise at and disapproval of the new Code adopted by a majority of their representatives,

as unbecoming the dignity of the profession, and as revolutionary in its nature, and "disorganizing in its tendency." A year's consideration, a calm and dispassionate discussion of the matter, has greatly modified the views of the profession in reference to the objectionable measure, and I trust a more conservative sentiment exists to-day than at the time of its adoption.

The American Medical Association, at the annual meeting at St. Paul in June, 1882, refused admission to the delegates from the Medical Society of the State of New York, because they failed to recognize some of the provisions of the old code, which had controlled their action for so many years, and had taken the liberty to substitute what was deemed a more progressive and liberal spirit in reference to established rational medicine as it exists at the present time. The objectionable clause in the new code consists in the *permission* of consultation with any *legally* qualified practitioner of medicine, as not derogatory to the interest and dignity of the profession, or in cases of emergency, or where such aid is required, upon the broad ground of common humanity.

The advocates of the new code assert that this is merely permissive, that no one is under obligation, expressed or implied, to meet an irregular practitioner in consultation, unless he prefers to do so, but in certain cases it would be illiberal, inhuman, and contrary to the spirit of the age, to withhold professional aid, because of "difference of opinion in creed or belief." The attention of the Society at this meeting is directed to a consideration of the merits of this subject, to confirm, modify, or abolish the new code, as in their wisdom and judgment they may deem most conducive to the welfare, dignity, and interests of the medical profession of the State of New York.

One subject of painful interest remains for our consideration, to which I must direct your attention before proceeding to the business before us. Death has entered our ranks during the past year and removed those who stood high in the esteem of our profession. We record the death of Prof. James R. Wood, of the city of New York. He was regarded as among the most able teachers and distinguished surgeons of this country. Dr. George Burr, of Binghamton, and I. Foster Jenkins, of Yonkers, both prominent members of this Society, as well as of the cities in which they lived, have been removed by death since our last annual gathering. The memory of these distinguished gentlemen will receive suitable consideration at the hands of this Society.

With the confident expectation that this session will be characterized by harmony in its deliberations, and made profitable to the great State we represent, I would announce that we are ready to attend to the business for which we are convened.

THE PRESIDENT then announced the appointment of the following committees.

Business Committee.—Drs. Alexander Hutchins, of Kings County; C. C. F. Gay, of Erie; and B. L. Hovey, of Rochester.

Committee on Credentials.—Drs. E. V. Stoddard, of Monroe County; L. E. Felton, of St. Lawrence County; and T. H. Squire, of Chemung County.

On motion of DR. S. O. VANDER POEL the following was adopted:

Resolved, That the subjects contained in the President's address be referred to a committee of three for consideration and appropriate action.

On motion of DR. WM. C. WEY, a recess of ten minutes was taken for registration and to enable the Business Committee to arrange for the reading of papers.

THE SECRETARY, on resuming the business of the meeting, read the list of counties in the call for communications. Communications were presented only from

the counties of Westchester, Monroe, and Broome, which were on motion received and placed on file.

REPORT OF COMMITTEE ON EXPERIMENTAL MEDICINE was presented by Prof. John G. Curtis, of New York, as follows:

To the Secretary of the Medical Society of the State of New York.

SIR: In behalf and by order of the Committee on Experimental Medicine, I have the honor to submit the annual report of the Committee of 1883, as follows:

The bill of Mr. Henry Bergh, to prohibit the vivisection of animals, was introduced into both houses of the Legislature near the end of April, 1882. In both houses the bill was referred to the Committee on Public Health.

To the Senate the bill was never reported. To the Assembly it was reported adversely, on May 3d, and the report was agreed to. The terms by the bill were the same as those of the bills which were reported adversely by the Legislatures of 1881 and 1882. Thus, for the third time in succession, the Legislature of New York has put the stamp of its disapproval upon this injurious measure.

Since the last annual meeting of this Society, the committee has been apprised of the formation, in Great Britain, of a very important body, entitled "The Association for the Advancement of Medicine by Research," of which the objects are, in general, closely similar to those of the Committee.

In pursuance of the authority granted to it by the State Society, the Committee has elected as corresponding members, a number of the officers and members of the British Society, and has authorized the Secretary of the Committee, Dr. Dalton, to enter into general correspondence with that Society. The Committee has received very flattering replies from almost all of the gentlemen elected corresponding members, including Sir W. Jenner, President of the Royal College of Physicians of London; Sir Erasmus Wilson, President of the Royal College of Surgeons of London; Sir James Paget, Dr. Wilks, Dr. Lauder Brunton, Prof. Lister, Dr. Burdon-Sanderson; Prof. Tyndall, Prof. Huxley, and Prof. Rutherford.

Dr. Dalton's correspondence with the Society in question has further resulted in the receipt therefrom of a number of valuable documents, and in the establishment of a relation between the two bodies which cannot fail to prove a useful one.

At the last annual meeting of the State Medical Society the Treasurer was authorized to set aside, from moneys not otherwise appropriated, the sum of \$100, and the Committee on Experimental Medicine was authorized to draw against this sum for the contingent expenses of the Committee, any unexpended surplus of the said sum to be returned to the general fund of the Society at the end of its current fiscal year.

I am happy to report that it has been unnecessary for the Committee to draw against this appropriation at all, and it is therefore, with the thanks of the Committee, returned intact to the general fund of the Society.

The expenses of the Committee for the past year have been small, and the funds already in hand have more than sufficed to defray them, leaving a balance in the Committee's treasury to a fair amount.

In conclusion, the Committee would respectfully recommend the adoption of the following resolution:

Resolved, That this Society wishes hereby to declare anew, at the present annual meeting, its often-expressed conviction of the supreme importance to the art of medicine of scientific experiments upon living animals.

All of which is respectfully submitted.

(Signed) JNO. G. CURTIS,
Delegate of the College of Physicians and Surgeons, in the City of New York.

A COMMUNICATION FROM THE WESTCHESTER COUNTY SOCIETY

was received, transmitting the following resolutions, which had been adopted, in reference to the new Code.

Resolved, That this Society reaffirms its adherence to the principles of the Code of Ethics of the American Medical Association, and declares that, in its opinion, for a physician to extend professional recognition to irregular practitioners is to patronize and encourage irregular practice; and it is alike inconsistent with honesty of purpose and the pursuit of medicine as a science.

Resolved, That the Medical Society of Westchester County disapprove of the action of the New York State Society.

Resolved, That this resolution be referred to the State Medical Society at its next annual meeting.

DR. J. B. ST. JOHN ROOSA offered a resolution that this communication be referred to the Committee on By-laws, and that the County Society be censured for its action in repudiating the By-laws of the State Society. He said he considered the tone of the communication as entirely improper, coming, as it did, from a district society to this Association, and criticizing its proceedings.

DR. GOVAN, of Stony Point, reminded the speaker that it would be highly inconsistent to condemn a county society for secession, since this Society itself has seceded from the American Medical Association.

DR. ROOSA denied most emphatically that the New York State Medical Society had seceded from any body. The American Medical Association is an unincorporated body, this Society being under no obligation to it, and never having subscribed to its rules. We do not consider ourselves in any way bound to obey the rules of the American Medical Association. This Rip Van Winkle body, this excursion association, was not thought of when the New York State Medical Society, incorporated in 1806, was already a scientific and important representative body of physicians.

DR. THOS. F. ROCHESTER, of Buffalo, said that the speaker was in error; this Society had bound itself to obey the rules of the American Medical Association, and had adopted its Code, and agreed to be bound by its provisions. If Dr. Roosa would turn to the proceedings of the Association, he believed that he would find that such a resolution had been passed by the New York State Medical Society.

DR. ROOSA.—And abrogated last year.

Amid a call of several members for the question, a substitute for the resolution, offered by Dr. PIFFARD, that the communication be received and placed on file, was carried.

A COMMUNICATION FROM MONROE COUNTY

was received upon the same subject.

DR. PERKINS offered the following:

Resolved, That all communications from county societies upon the subject of the Code, simply be announced and passed by the Secretary, without reading.

The point of order was raised, that the business of the hour was listening to reports from county societies, and that they could not be heard without they were read.

The motion of Dr. Perkins was lost, and the President stated that but a few more communications were to be read.

A COMMUNICATION FROM THE OSWEGO SOCIETY

was subsequently received, approving the utmost freedom in attending patients, without regard to medical belief, but condemning the seeking of consultations with other than regular physicians.

The reading of this communication gave rise to

much merriment, but it was, on motion, ordered to be received with the preceding and filed.

THE COMMITTEE ON BY-LAWS,

appointed at the last meeting, reported, through the chairman, Dr. Wey. It deprecated the general indifference exhibited by the several county societies to the duty of having their by-laws revised by the Committee, in order to render them uniform and in accordance with the laws of the State and this Association. The only response received was from Warren County. Having examined the by-laws of the Warren County Medical Society and found them in conformity with those of the State Society, the Committee moved that they be approved by this Association. The report was received and the resolution adopted.

The Committee further reported, that it believed that only seven county societies in the State were acting under rules in accordance with the by-laws of this Association, and the Committee, therefore, offered the following resolution:

Resolved, That the several county societies of this State be requested to submit, before the next meeting of this Society, their by-laws to the Committee, in order to make them correspond with those of this Association, and of the State.

A motion to lay this upon the table was lost. The resolution was then adopted.

A communication having been referred to the same Committee, which had been sent in by the Otsego County Society, with reference to the law requiring the annual payment of dues by permanent members on penalty of losing their membership, the Committee presented a report showing the necessity of this measure in order to maintain the income of the Society. The Chairman read the text of the resolution passed in 1880, and offered the following:

Resolved, that it is not expedient to change the By-laws of this Society upon the subject referred to the Committee.

The resolution was unanimously adopted.

THE NEW CODE.

DR. E. R. SQUIBB, of Brooklyn, offered the following resolutions and moved they be made the special order of a special session of the Association, to be held this evening at 8 o'clock:

Whereas, The Special Committee on the Code of Ethics, in its report at the last annual meeting, recommended a change in one part of the Code which was more in the nature of a revolution than of a revision, and, therefore, may be more radical than was expected or desired by the constituency of this Society; and

Whereas, That report was adopted at a session wherein only fifty-two members voted in the affirmative, and thus legislated for the entire profession of the State on a subject of vital importance, in a direction which may not have been anticipated or desired by the profession at large; therefore, be it

Resolved, That all the action taken at the annual meeting of 1882, in regard to changing the Code of Ethics, be repealed, leaving the Code to stand as it was before such action was taken.

Resolved, That a new Special Committee of five be nominated by the Nominating Committee of the Society, and be appointed by the Society to review the Code of Ethics, and to report at the annual meeting of 1884 any changes in the Code that may be deemed advisable.

Resolved, That the report of this Committee be discussed at the meeting of 1884, and be then laid over for final action at the meeting of 1885.

DR. ROOSA moved that the resolution as offered be amended so as to read 7.30 instead of 8 o'clock. Adopted.

The Business Committee called attention to the rule adopted at the last meeting, restricting the time for the reading of papers to twenty minutes, and that any motion to extend this time be ruled out of order.

DR. SQUIBB offered the following:

Resolved, That the rules of the last meeting be extended to this session, with the proviso that the Business Committee be allowed, at their discretion, to extend the time by special arrangement.

This resolution permits the Business Committee, in case few papers are offered, to extend the time for all papers if time permits, and to enforce the rule if time will not permit.

The Business Committee announced that the reading of certain scientific papers was now in order.

DR. H. G. PIFFARD read a paper on the

PATHOLOGY AND TREATMENT OF ACNE.

After reviewing the views of Wilson, Tilbury Fox, Duhring, and other writers, with regard to the various local causes which have been assigned for this disease, he expressed the opinion that in the great majority of cases acne is not primarily a disease of the skin, but is dependent upon diseases of other organs; local irritations are secondary, and have little to do with causing the eruption. He summed up the principal causes to be (1) masturbation, (2) gastro-intestinal disorders, (3) amenorrhœa and uterine disease, (4) certain conditions of the blood. These several causes were discussed, and the author then considered the rational treatment by removal of the causes, and cited several cases in illustration. The termination of this paper was cut off by the expiration of the allotted time.

A paper on

PUERPERAL ECLAMPSIA, AND ITS MANAGEMENT BY INDUCTION OF PREMATURE LABOR,

was presented by Dr. W. W. POTTER, of Buffalo, read by title, and referred for publication.

DR. C. R. AGNEW, of New York, also presented a paper, entitled,

THE DANGERS OF SPECIALTIES IN MEDICINE,

which was likewise referred.

DR. SAMUEL SEXTON, of New York, read a paper on

REMOVAL OF FOREIGN BODIES FROM THE EAR.

Although foreign bodies are comparatively rare in adults, except in cases of lunatics, who sometimes fill their ears with foreign substances, probably with a view of keeping out noises, still they do occur, especially with bathers, who get sand and small shells in the ear. Sometimes a pin is used to scratch the ear, and it slips into the meatus; its point becomes embedded, and it is difficult to extract it from the swollen tissues; it cannot be pushed backward to relieve the point without endangering the membrana tympani. In children, small seeds and similar substances are often inserted in play, and may become impacted in different portions of the canal. In removing such foreign bodies, if the patient is difficult to control, etherization may be required. The head should be placed in the proper position, and the syringe used judiciously. Rupture of the membrana tympani may be caused by forcible syringing, especially when softened by disease. Improper syringing may also cause further impaction of the foreign body. The attempt at removal should not be made unless instruments are at hand for any emergency that may arise. He had been surprised by finding the large number of instruments which had been specially devised for the removal of foreign bodies from the ear; many of these are useless for the purpose, and most of them unnecessary.

He exhibited a new instrument devised by himself

for the purpose of seizing any foreign substance which can be impressed. It was in the form of a probe, ending in a ring at each extremity, which was inserted past the bean or other substance, and thus readily withdrew it. The end is a fine spoon-shaped loop, which can be easily inserted beyond the body; the handle is bent at an obtuse angle, so as to keep the hand out of the line of vision. He said that it was by no means necessary to have this in all cases; in many the ordinary probe is all that is needed. It is sometimes necessary to incise or lacerate the tissues, in order to remove a foreign body, but this should never be done unless the proper instruments are at hand to complete the extraction, as the consequent swelling only increases the difficulty of subsequent attempts at removal. Care should be taken not to force the foreign body deeper into the canal against the tympanum; not only on account of the danger of pressure upon this structure, but because instruments cannot be passed beyond the obstruction to remove it without injuring the membrane.

His rule is to always make sure that a foreign body is really present before making efforts at extraction. He had succeeded in some cases where the body was deeply embedded in the canal, in removing it with the aid of a delicate pair of forceps, which he had made, which acted like bullet forceps, seizing the impressible body with tooth-like points, upon which the body may revolve, accommodating itself to the canal in withdrawal.

DR. D. B. ST. JOHN ROOSA opened the discussion on Dr. Sexton's paper, and deprecated the idea that all cases of ear disease require special and complicated instruments. He believed that the ear instrument of Prof. Gross would be found all that is necessary in the majority of cases, and he condemned the use of forceps, stating that a syringe and warm water are better, because safer and more efficient.

In cases of obstinate impaction of a foreign body, recognizing the danger of inflammation that might be caused by it, he believed that the operation of dissecting off the auricle might aid, which was recommended some years ago. There is no trouble about it, but the canal is not as freely exposed by the operation as might be supposed, but it is a little better for the surgeons, although not much better. The difficulty in removing foreign bodies does not occur at the beginning; it is comparatively easy to remove them from the position in which they are placed by the child, but the difficulty is caused by pushing the body further in by ill-directed attempts at extraction. The difficulty experienced in some instances is well shown by the large number of instruments that have been invented for their treatment.

DR. KNAPP, of New York, endorsed the remarks just made, especially with regard to the danger of the forceps; he had abandoned their use in both diseases of the eye and ear. He had, since then, made experiments upon the cadaver, with suction forceps, for the removal of bodies impacted in the ear, and had found them excellent for the purpose of removal of impressible bodies like locust beans or cherry pits.

The usual form of forceps only force the foreign body further in, especially glass beads. For these the hook is better. He had an instrument made for him, which was a double hook, which might be used where the body gets into the tympanum; it cannot be removed with the forceps or other instruments; the syringe will sometimes succeed in bringing it out to where it can be reached with a hook. When the canal is nearly occluded by granulating tissue, and there are otorrhoea and swelling, he recommended washing out the canal with alcohol diluted or full strength, and after wiping it out to fill the canal with boracic acid; this will cure the otorrhoea and reduce the granulations.

With regard to the case of a foreign body located in the depth of the tympanic cavity, there is a danger that it may lead to inflammation and meningitis. Cases are on record in which the highest surgical skill was required to heal them. There is a case on record where the auricle was dissected off and the mastoid process chiselled so as to release a foreign body and save the patient. In cases where meningitis was threatened he should not hesitate to chisel or trephine the cranial bones to remove a foreign body.

DR. GRUENING, of New York, said that the syringe was only necessary in the great majority of cases, and he recommended the general practitioner to depend upon it in preference to any form of instrument.

DR. A. H. SMITH, of New York, referred to a suggestion by the late Dr. Smith, of New York, to pass a brush or piece of twine wet with adhesive substance, like shellac dissolved in alcohol, which dries quickly and enables the body, through adhesion, to be drawn out.

The PRESIDENT mentioned a case in his practice, in which a small hard-winged bug had been in the ear of a boy, ten years of age, for from three to five months. It was covered with cerumen, and gave rise to no disturbance beyond deafness.

DR. WEBSTER insisted upon the fact that no one should attempt to remove a foreign body unless he can see it with the aid of a good head-mirror and reflected light. This is the only safe rule.

DR. MATTHEWSON said that a foreign body may remain for a long time without causing any disturbance, so that the friends of the patient need not be clamorous for immediate treatment.

DR. SEXTON, in closing the discussion, said that he would reply to some criticisms that had been made, that his paper had presupposed some knowledge of the use of the syringe by the members, and he had, therefore, simply called attention to the danger of its improper use. With regard to trephining the mastoid, he thought that it would only be necessary in case the foreign body was a bullet.

DR. W. B. CHASE read a paper on

HOT WATER AS A HÆMOSTATIC,

in which he recommended its use in surgical cases as well as obstetrical. It does not interfere with primary union; on the contrary, it rather prevents excessive inflammations. It has been useful not only in post-mortem hemorrhage, but also in bleeding attending uterine growths. He reported a case in which such a growth was attended by profuse bleeding, and the patient was in a condition of extreme collapse. The bleeding was checked by hot water, the tumor was removed, and the patient recovered ultimately. The temperature was preferred at from 105° to 130°.

DR. CORNELIUS R. AGNEW, of New York, read a

REPORT FROM THE DELEGATION TO THE AMERICAN MEDICAL ASSOCIATION.

He said that he had proceeded to St. Paul, and on the day before the meeting had attempted to register, but his credentials were not accepted, the Secretary stating that the Judicial Council had directed him not to receive any delegate from the Society of the State of New York. He then registered as a delegate from the New York County Medical Society. He called attention to the persistent efforts of a member of this Society to create professional feeling against the State Society at this meeting, and spoke of his receiving many expressions of sympathy from other members of the Association.

To the report was appended a certified copy of the letter sent by L. A. Sayre, M.D., the other delegate, declining to serve on the ground that he was not in sympathy with the action of the Society with regard to

the repudiation of the Code of Ethics, which had been read at the meeting of the Association.

DR. ROOSA, commenting upon this report, said that there was a letter in possession of a member present, charging Dr. Sayre with consulting with a homœopathic practitioner.

The letter was called for.

DR. SQUIBB said that it was unjust to read the letter in the absence of Dr. Sayre. He did not doubt the existence of such a letter; it was merely a question of veracity between its author and Dr. Sayre.

On motion, the further discussion of the subject was referred to the evening session.

AFTERNOON SESSION.

The meeting was called to order at 3 o'clock, by the President.

The COMMITTEE OF ARRANGEMENTS announced the following as

MEMBERS BY INVITATION:

Dr. S. S. Cartwright, of Roxbury; W. W. Seymour, of Troy; Hiram Wiggins, of Elbridge; H. H. Deane, of Watertown; Bunchanan Burr, of New York City; L. E. Holt, of New York City; C. W. Green, of Albany; J. W. Whitbeck, of Rochester; John E. Burdick, of Johnstown.

DR. GEO. H. FOX, of New York, read a paper upon the

TREATMENT OF CHRONIC URTICARIA.

After discussing the etiology of urticaria, which he declared to be usually dependent upon (1) some functional disorder of the digestive apparatus, and (2) an abnormal condition of the sympathetic nervous system, he said that the means for the cure of chronic urticaria, must always depend upon recognition of this fact, and the use of internal remedies, especially by removal from the intestinal tract of irritating material, and removal from the blood of the waste products of tissue metamorphosis. Among the remedies which had been found especially useful, were alkaline diuretics, saline purgatives, bicarbonate of sodium (3ss in carbonic acid water half an hour before each meal); gelsemium also has a beneficial action. It is sometimes advisable to restrict the diet, and direct the patient to abstain from certain articles of food, which are especially irritating; and those purgatives which allay irritation, like rhubarb, are often required. When much irritation is present, bismuth has special advantages. Sulphurous acid, well diluted, will often produce a speedy effect upon the eruption; it probably acts by arresting fermentation in the alimentary tract. A case had been reported by Dr. Shoemaker, of Philadelphia, of chronic character, in which all the usual remedies had been used without avail. On recommendation of Prof. Da Costa, sulphurous acid was then given, with alkaline baths at night. The effect was almost magical, and the patient was relieved at once and cured in a few days. The lecturer had used this treatment with equal success. A lady who was apparently otherwise in perfect health, was troubled with chronic urticaria; the only evidence of gastro-intestinal derangement was a slight coating of the tongue. Many remedies had been used without relief, but upon giving this acid there was marked improvement on the second day, and a cure followed within a week.

A second class of cases are those depending upon some disorder of the nervous system due to the presence of certain substances in the blood. To this class belong the cases of urticaria caused by the administration of remedies such as quinine, cinchonidia, etc. When urticaria occurs in the course of ague, it is a question in some cases, whether it is attributable to the malarial poison or to the remedies given. Physicians should

bear in mind that some patients have a special susceptibility, and a minimum dose of the cinchona salts will cause an urticarial eruption. In other cases, the eruption is symptomatic, and is cured by quinine. Cases have been recorded when the urticaria was periodical and appeared at the same hour every day. For the neurotic cases belladonna, or atropia has been used with good results; salicylate of sodium (gr. j every hour until some physiological effect has been produced) has been recommended; larger doses are more likely to cause the eruption than to allay it. Arsenic is an old remedy often used, but more calculated to relieve than to cure the disease, a fact doubted by Tilbury Fox, and denied by Hebra. The bromide of potassium is sometimes said to be curative, by Dühring. The balsam of copaiba has been recommended in drop doses as curative, but the lecturer had not found it so in his experience. Dr. Heitzman had recommended fluid extract of ergot, which had been also useful in the hands of other writers. Wine of iron, and nettle tea have been reported as producing cures.

From the foregoing, it is seen that the treatment of urticaria is generally empirical and highly unsatisfactory. The apparent value of remedies has been based upon careless observation, as they have given when the evanescent eruption was about subsiding, as it would do of itself without any remedies whatever. The successful treatment of urticaria must depend upon a knowledge of its etiology in each case; and a knowledge of this kind is more essential to its cure, than any amount of experimentation with unknown or known remedies.

DR. ROCHESTER recommended in acute cases an emetic dose of ipecacuanha, to be repeated if needed; he had found it very effective. Possibly the secondary diaphoretic effect may have something to do with the result. In chronic cases after using ipecacuanha, he places his patient upon a milk diet (four-fifths of a quart a day), and only a small amount of bread, with no medicine whatever, and referred to a case in which this had proved successful.

THE COMMITTEE ON PRIZE ESSAYS

reported, through its chairman, that only one essay was submitted for examination; it was entitled "*Cancer—A Pathological Study of Cancer of the Lip*." It was well written, and evinced knowledge of the literature of the subject, but had not contained any special original features which would render it a proper subject for a prize. The Committee expressed its regret that the author of the paper had violated the rule, inasmuch as he had announced his identity by quoting from a former prize essay as written by himself. This is the more remarkable, as an essay offered by the same gentleman was rejected at the last meeting for precisely the same reason.

The Committee requested that all future communications to it shall be written by the type-writer before being submitted in competition.

On motion, the report of the Committee was accepted, and the request embodied in a resolution, which was adopted.

The PRESIDENT appointed the following members a COMMITTEE ON THE RECOMMENDATIONS CONTAINED IN THE PRESIDENT'S ADDRESS,

Drs. J. C. Hutchinson, of Kings; T. D. Strong, of Chatauqua; and Wm. S. Ely, of Rochester, and requested a report at this meeting.

The following names were read by the Secretary, they having been elected by the several Senatorial districts as members of the

NOMINATING COMMITTEE:

1. F. A. Castle, of New York; 2. P. R. H. Sawyer, of Westchester; 3. Maurice Perkins, of Schenectady; 4.

Conant Sawyer, of Essex; 5. J. D. Spencer, of Watertown; 6. George Douglass, of Chenango; 7. H. D. Didama, of Syracuse; 8. F. F. Hoyer, of Erie, and the President appointed Dr. S. O. Vander Poel, of New York, member-at-large.

The next paper was entitled

THE PATHOLOGY AND RADICAL CURE OF HAY FEVER,
OR HAY ASTHMA,

by DR. JOHN O. ROE, of Rochester.

All writers on hay fever, with a marked unanimity, agree that it is a most singular disease, that its cause is uncertain, its pathology unknown, and its treatment most unsatisfactory. This absence of definite knowledge has arisen not from lack of patient, careful, and close observation to determine its causes, but from the fact that these causes have been studied independently, that their relations to the tissue in the nasal passages, which is the part especially affected in this disease, has not been taken into consideration, and that the conditions in this tissue which render it susceptible to these influences have been entirely overlooked.

This fact is especially significant, for, in the examination of the various and more or less elaborate works on hay fever, we find no mention of any examination into the objective condition of the nasal passages nor of any investigation as to the existence of any localized diseased condition which may predispose to the affection. This is made more conspicuous when we consider the amount of labor expended by the many hard workers during the past few years, who have been carefully investigating the conditions of the tissue of the nasal cavity to discover the cause and means of cure of chronic nasal catarrh.

These investigations have revealed that the cause of nearly all of the most obstinate forms of nasal disease, which have been considered incurable, can be removed, and the diseases more or less effectually and permanently cured. They have also shown the nose to be a very important organ for maintaining, in a normal condition, all the organs with which it communicates, and have revealed relations existing between diseases of the nasal cavities and disorders of other, and sometimes distant, organs, which were before unsuspected.

As a further result of these investigations, it is clearly demonstrable that the special cause for hay fever does not alone reside in a special peculiarity of a special irritant, which affects certain individuals in a peculiar manner, but in a special susceptibility of the tissue of the nasal passages of some individuals to be irritated by these substances when brought in contact with it; that this susceptibility of this tissue is occasioned by disease, either latent or active; that the removal of this diseased tissue will remove the susceptibility to irritation by these substances; and that the train of symptoms which appear to be more or less of a constitutional nature, producing the asthmatic and nervous symptoms (which have led to the classification of the affection as a neurosis), are but the result of the irritation of the Schneiderian mucous membrane, which is reflected to other parts and organs through the agency of the sympathetic nervous system, causing irritation in these organs, which is augmented by the consequent obstruction to nasal respiration during the attack.

The importance of unobstructed nasal passages, and free nasal respiration is generally recognized, but in seeking for the cause of the symptoms which arise, when these passages are obstructed, the nose is quite commonly overlooked. It is for this reason that I have purposely discussed more or less in detail this sympathetic connection which exists to a greater or less degree between the nasal cavity and other parts and organs, and have endeavored to make it clear that the train of symptoms attending this affection, as suffusion

and irritation of the eyes, sneezing, asthma, and other local or systemic derangements, is the result of this intense local irritation set up in the tissue of the nasal passages by these irritating substances.

In this relationship I also wish to point out that latent, as well as active, disease of this tissue will in many instances excite in it an hyperæsthesia or an inordinate sensitiveness to local impression.

The conclusion that this hyperæsthetic tissue of the nasal passages sustains a certain relation to the causation of hay fever has been reached in a natural manner, by observing from time to time that patients who were under treatment for nasal diseases, and who also suffered severely from hay fever during the summer months, were relieved, or their attacks lessened in severity, in proportion as these diseased conditions in the nasal passages were removed. And that, in cases where this hypertrophied turbinated tissue was removed altogether, the patient became entirely exempt from subsequent attacks.

It has been observed, furthermore, that in every instance in those who were subject to hay fever, more or less disease or hypertrophy of this tissue existed, although hyperæsthesia of this tissue is not induced in but a portion of those in whom this hypertrophy is found. And, as this hypertrophy is the cause in nearly all cases of what is termed nasal catarrh, so we find that hay fever is most prevalent in those regions where there is a predisposition to catarrhal diseases, and where the atmospheric conditions are such as to cause these hypertrophies.

A number of illustrative cases were then given.

Thus, from the study of hay fever, in the light of the most recent investigations as to its cause, and our present knowledge of nasal diseases and their influence on other organs, we may draw the following conclusions:

1st. That hay fever is an affection not confined to any age, sex, or condition in life.

2d. That it is excited by the pollen of flowers or grasses, dust, or other irritating substances floating in the atmosphere, which are brought by inhalation in contact with the nasal and bronchial mucous membranes.

3d. That the nasal mucous membrane in certain individuals is very susceptible to the irritating effect of these substances, while in others it is not.

4th. That this hyperæsthesia is associated with or occasioned by a diseased condition, either latent or active, of the naso-pharyngeal mucous membrane, and with a hypertrophied condition of the vascular tissue covering the turbinated bones and the lower portion of the septum.

5th. That the systemic disturbances, such as asthma, etc., are the effect of the local irritation of this diseased tissue in the nasal passages, which is reflected to the larynx, bronchi, and lungs, through the correlating functions of the sympathetic ganglia connecting these different regions.

6th. That the treatment during the attack can only be palliative, such as to soothe the inflamed parts, and to quiet the systemic disturbance which may be occasioned.

7th. That in most cases the only effective relief during the attack consists in going to a seaport or mountainous region, or to any locality where the air is free from the substance which produces the irritation.

8th. That curative measures can only be adopted when the individual is free from the attack.

9th. That the removal and cure of the diseased tissue in the nasal passages removes the susceptibility of the individual to future attacks of hay fever.

This paper was discussed by Drs. Wey, Sabine, A. H. Smith, Green, and Pomeroy. Doubt was expressed

as to the efficiency of the measures proposed, and attention was called to the instantaneous relief experienced by some persons on change of locality. It was thought that the cause could not be a local organic one, for if it were it could not be so readily relieved without local treatment.

DR. ROE replied, that the cases referred to were from five to thirty years' standing, and had been free from disease for from one to three years after operation. He believed that the operation rendered the patients less susceptible to various irritants, which are exciting causes of the diseases.

The BUSINESS COMMITTEE read a list of papers to be presented this afternoon.

The SECRETARY read from the By-laws the provision with regard to the registration of delegates prior to voting.

The Committee of Arrangements announced the following as

MEMBERS BY INVITATION.

Drs. T. Z. Gibbs, of Fort Ann; Erskine G. Clark, of Sandy Hill; E. H. Squibb, of Brooklyn; Maurice T. Lewi and Herman Gendell, of Albany; R. C. McEwen, of Saratoga Springs; C. C. Bartholomew, of Ogdensburg; A. M. Phelps, of Chambersburg; H. S. Case, of Albany; I. N. Goff, of Cazenovia; G. D. Dunhan, of Plattsburgh; G. P. Clarke, of Syracuse; and D. F. Dayton, of Potsdam.

An obituary notice of Dr. Deville White was presented by Dr. George W. Douglass, and ordered to be published.

DR. MITTENDORF, of New York, read a paper on

A NEW METHOD OF INTRODUCING REMEDIES INTO THE EYE.

After referring to the ordinary methods of using mydriatics in solutions, ointments, gelatine disks, etc., he pointed out the objections to solutions on account of their liability to form fungoid growths at the expense of the alkaloids, of their requiring frequent renewal, and their expense, and also to the danger of administering more of the remedy than is intended to a struggling patient, part of it perhaps getting into the air-passages or the mouth. He also alluded to the fact that some persons are much more readily influenced by minute doses than others. He recommended in place of these, as more convenient and equally efficient, triturations with gum Arabic, of various alkaloids, atropine, eserine, etc. These powders admit of accurate subdivision for exact dosage, are soluble in the secretions of the eye, and are perfectly permanent and efficient. They are dusted in with a camel's-hair pencil, just as calomel is dusted into the eye. Of course, a special pencil should be used for each bottle. He had used these triturations for more than a year, with complete satisfaction. The medicament can be divided up into small powders, and entrusted to the patient without danger.

Before taking his seat he exhibited a new eye-speculum which is self-retaining.

DR. POOLEY spoke in favor of ointments for applying alkaloids, which had the advantage that they may be rubbed on the outside.

DR. ROOSA said that organisms forming in these solutions did not render them worthless, and he had not known of any case where they had proved injurious to the patient from this cause.

DR. SQUIBB said that fungi develop at the expense of the alkaloid, it is true; but they do not render the solution much weaker, even after a long time. The best plan, in his opinion, is to make solutions, for such purposes as hypodermic injections or collyria, with salicylic acid. A few grains of salicylic acid in four ounces of water make a solution in which alkaloids

may be dissolved, and can be kept for years without the growth of fungi. The small amount of acid is without any physiological effect, either when dropped in upon the eye or used subcutaneously. With regard to eserine, he stated that the difficulties usually found in weighing and dispensing it on account of its deliquescent character, can be overcome by using the salicylate of eserine. This is not deliquescent, and can be readily weighed; its solutions do not form fungi. He objected to the combination of alkaloids with vaseline, as only mechanical mixtures; vaseline being a paraffine body in which alkaloids are not soluble. In place of it he suggested oleic acid, which makes a definite chemical combination with alkaloids, and is more easily absorbed by the skin.

DR. KNAPP mentioned a solution of atropine which he had which had been kept for eight years, and still was as active as ever when used as a mydriatic.

DR. GRUENING said that he had been in the habit of keeping a saturated solution of boracic acid for making solutions of atropine, homatropine, eserine, etc. He had found that it not only does not irritate, but is actually soothing to the eye. It is both antiseptic and antiphlogistic. He has kept solutions for many months without developing fungi. He did not think these organisms were injurious, but only inelegant, and solutions containing them should not be used. He had also used boracic acid solution for the astringents, such as the sulphates of copper and zinc, acetate of zinc, etc.

DR. MITTENDORFF said that he had not seen any bad results from solutions containing confervoid growths, but he would prefer not to use them. He did not recommend the abolition of ordinary solutions, but he thought that triturations will be found useful by the profession. With regard to the instance cited by Dr. Knapp, he thought it made a great difference whether the bottle was kept sealed or was opened from time to time in the patient's chamber.

The Committee of Arrangements reported the following gentlemen as

MEMBERS BY INVITATION:

Drs. Wm. Hales, of Albany; G. S. Munson, of Albany; and John Edwards, of Greenville.

DR. INGALLS, a duly accredited delegate from the Massachusetts State Medical Society, was introduced, and expressed gratification at the honor of being present at the meeting.

A communication was received from MR. CLARK BELL, President of the Medico-Legal Society, concerning the revision of the lunacy laws, the regulation of inquests, and other subjects.

On motion, it was referred to the Committee on Legislation, with instructions to report at the present meeting.

DR. DANIEL WEBSTER read a paper entitled

SYMPHILITIC DISEASE OF THE LABYRINTH.

The cases narrated in this paper occurred in the practice of Drs. Agnew and Webster. They were interesting from the rarity with which such cases are diagnosed during life. The principal symptoms mentioned in the books are deafness, with an ability to hear the test of the tuning-fork as usually applied. In one of the cases there was added to this autophony, the symptoms of the patient's voice sounding to himself as if he spoke into a barrel. This case after being deaf for a year gradually improved. One morning he found himself suddenly and entirely deaf in one ear, and afterwards both ears were involved. This patient was a physician 45 years of age; at 25 he had hemoptysis, and it was believed pulmonary disease existed. He recovered under the use of whiskey and out-door life. Four months before coming under treatment he had a sudden attack of tumultuous and violent action of the

heart lasting 30 hours, which was believed to be due to nervous exhaustion and professional overwork. He then became subject to neuralgic pains in the head, and subsequently became deaf in one ear. Examination revealed nothing special in his ear. He had autophony. This case was believed to be malarial, and he was put on cinchonidia and milk was added to his diet. It was afterwards learned that he had had an ulcer upon his neck three months previously. He was now put on iodide of potassium. Upon examination, ulcers were found in the throat and mucous patches in the mouth. The hearing improved under the iodide treatment; he was then seen by Dr. Bumstead. Five years later he had largely regained the hearing power of his left ear; he had been taking blue mass pills (grs. six to ten daily) almost steadily for a year without salivation. The case proved very obstinate. The second case was a druggist, 43 years of age, who contracted syphilis in the army in 1862, followed by the usual symptoms. In 1878 he had ulcers over the sternum, and six months later had an exophthalmos probably caused by orbital periostitis. He also complained of constant tinnitus in the ear, with vertigo, and loss of hearing followed. Mercurial inunctions were used, and afterward a saturated solution of potassium iodide after meals was given, the dose being gradually increased to twenty drops three times a day. When seen by the writer he had been taking this all summer, and was advised to stop the treatment. There was no external appearance of disease in the ear. On inspection the Eustachian tube was pervious. He was deaf in his left ear and was quite dizzy. Four months ago he received a blow on the right temple, and about two months later, after experiencing some tinnitus, completely lost the sense of hearing. The tuning-fork was held between the teeth and was faintly heard in the right ear. He was advised to return to the mercurial inunctions and the saturated solution of potassium iodide.

January 19, the patient's condition was improving; the click of nails could be heard at two and a half inches in the left ear. The tuning-fork was heard only in the left ear; the right ear could not be made to hear it either through aerial or bony conduction. The diagnosis was labyrinthic disease of the right ear, with chronic middle-ear disease of left ear.

The BUSINESS COMMITTEE interrupted proceedings to present DR. HENRY W. WILLIAMS, of Boston, an accredited

DELEGATE FROM THE MASSACHUSETTS STATE MEDICAL SOCIETY.

Who made some congratulatory remarks, which were responded to by the President.

DR. UPHAM, a

DELEGATE FROM THE VERMONT MEDICAL SOCIETY, was also introduced and welcomed.

DR. R. D. POMEROY read a paper on

SYPHILITIC INFLAMMATION OF THE MIDDLE EAR, THE LABYRINTH, AND ACOUSTIC NERVE.

The principal symptoms of internal ear diseases are usually rapid and constant loss of hearing, vertigo, and tinnitus. In syphilitic cases there is also pain in the spine, running down the arms; sometimes loss of memory and optic neuritis show associated cerebral disease. There may also be facial paralysis as a not infrequent symptom, due to involvement of the nerve trunk as it enters the meatus Fallopius. This is more likely to occur than in ordinary middle-ear disease. Hemiplegia not rarely occurs. Strabismus from paralysis of the ocular muscles also may appear. As to the ear itself, ordinarily there is no discharge, but an affection of the tympanum occurs in which the membrane

melts down without suppuration. These changes in the middle ear may go on to a considerable extent without giving any signs. On inspection of the meatus a little redness, or slight degree of opacity, will only be found to exist to cause suspicion of this complication. But the most likely point to give rise to suspicion of syphilitic middle-ear disease is the history of the patient. As to the pathology in the great majority of cases of syphilitic ear disease, there will be found to exist in the middle ear granulations which interfere with the movements of the chain of ossicles. In the present state of aural pathology we are not warranted in making use of the term labyrinthine disease, except in those cases in which post-mortem examination shows the disease to be limited to this locality. In making a diagnosis, the syphilitic history, the obstinacy of the case under ordinary treatment, and the efficiency of specific treatment, show the nature of the disease. In many cases the appearance of the throat will put the practitioner on the right track. The appearance of the membrane cannot be relied upon; it may be dry, opaque, or little reddened, but these symptoms do not progress with the disease. Rapid and sudden loss of hearing, autophony, false and double hearing, are also valuable symptoms.

These papers were discussed by DR. ROOSA, who said that the diagnosis between labyrinthine disease and middle-ear disease is very important to make. He observed that some deaf persons hear better in a noise, and laid down the rule, if a patient hears better in a noise he has disease of the middle-ear. If he does not hear better in a noise, whatever else he has, he has disease of the labyrinth.

DR. SEXTON denied that this point was of value in the differential diagnosis, as it is not constant.

DR. GRUENING read a paper on the

TREATMENT OF INVETERATE PANNUS BY INFUSION OF LIQUORICE BEAN (ABRUS PRECATORIUS)

and reported several cases of successful result. The fresh beans from Brazil were those used, and recommended by Dr. Wecker, of Paris.

DR. POOLEY recommended the method of treatment described.

DR. ELSBERG gave a demonstration of the

USE OF THE TONGUE SPATULA,

and exhibited his instrument first presented to the Society nineteen years ago. He claimed that the tongue should be pressed from before backward, and from below upwards—just the reverse of the ordinary practice.

DR. DAVID LITTLE reported a successful case of

OVARIOTOMY WITHOUT ANTISEPTIC TREATMENT

other than cleanliness and plenty of fresh air.

The following were announced as

MEMBERS BY INVITATION:

Drs. C. B. Herrick, of Troy; R. H. Sabin, of West Troy; W. B. Sabin, of West Troy; E. P. Tefft, of Albany; S. O. Vander Poel, Jr., of Albany; Franklin Townsend, of Albany.

Adjourned.

FIRST DAY.—EVENING SESSION.

The PRESIDENT announced that the object of this special session was the consideration of the resolution offered this morning in reference to

THE NEW CODE.

DR. SQUIBB moved that the Society go into a Committee of the Whole, for the consideration of his amendment.

The resolution, after objection by Dr. Ely Vander Warker, was carried.

The President called Dr. ALEX. HUTCHINS, of Brooklyn, to the chair. The Secretary read Dr. Squibb's resolutions.

DR. SQUIBB presented an argument in favor of their adoption.

DR. ELSBERG moved that the committee report adversely on the resolutions.

DR. ROOSA made a lengthy address opposed to changing the Code as adopted at the last meeting. He said that the opponents of the new Code used arguments worthy of the seventeenth century, and that the consent of the American Association was not necessary for the adoption of the Code. He continued as follows: "The Code will emancipate the medical profession. It is assumed that, if we continue this Code in force, we will immediately enter into brotherly relations with the homœopaths or eclectics. It is not so. We shall not ask them for assistance, but if any poor uninstructed human being wants assistance, we want the right to give it. We are not going to surrender to the homœopaths. This is not a question of drugs; it is a question of ethics. The whole American educated public has been laughing at this restricted, trade-union Code."

DR. PIFFARD replied to Dr. Squibb, denying his premises.

DR. HOPKINS read a plea in favor of the new Code.

DR. DIDAMA, of Syracuse, made a lengthy address, in which he expressed his high respect for the American Medical Association, and defended its action in refusing admission to its delegates from this Society. The repeal of the Code severed all connection with that Association. This action was taken by fifty-three men out of the three or four thousand in New York. Those in favor were influenced by a few prominent specialists, who clamored that they did not themselves wish to consult with irregulars, but they earnestly desired that others might have this privilege.

DR. ROCHESTER asked that the subject be considered from a common-sense standpoint. He denied that the abolition of the Code of the American Medical Association was demanded by humanity or progress. He said it was an advance backward. He said that the American Medical Association had been denounced on this floor as a junketing, Rip Van Winkle Association. He claimed that it contained the best men in the profession, from every State in the Union, New York included. He is a permanent member of both Associations, but would rather give up his membership in this Society than in the National.

DR. GOULEY offered the following substitute for Dr. Elsberg's motion, which the chair decided was virtually stating again the resolution of Dr. Squibb in other words.

Resolved, That when this Committee rises, it shall report to the Association in favor of repealing the new Code enacted by this Society in 1882.

DR. GOULEY appealed from the decision of the chair.

DR. VANDER POEL said that this was begging the action of the Society, as it was attempting to bind the Society by a majority vote to what really requires a two-thirds vote to be adopted.

DR. C. R. AGNEW read a carefully prepared argument, in which he claimed that in adopting the new Code the Society had merely put itself in accord with the laws of the State, which clearly recognized the existence of other classes of practitioners of medicine. "The man," he said, "whom the State has pronounced to be a legally constituted practitioner you cannot disfranchise. Repeal the new Code, and you put this Society in opposition to the policy of the State, and you attempt to coerce this Society into an attitude which no thinking man outside our profession would take."

After considerable confusion, Dr. SEYMOUR, of Troy, got the floor, and made a spirited speech, after which he read a telegram received from Dr. Lewis A. Sayre, stating that he was confined to bed by sickness, and denying the charge made at the morning session.

DR. J. C. HUTCHISON, of Brooklyn, presented a memorial as follows:

"The undersigned members of the New York County Medical Society hereby express their belief that it is unwise to abandon the Code of Medical Ethics instituted by the American Medical Association in 1847. That any modification that may be advisable should be made by the body in which the Code originated, representing, as this body does, the medical profession of the United States, and that we are therefore in favor of rescinding the action respecting the Code taken by the New York State Medical Society at the annual meeting in 1882. Signed: Alonzo Clark, Austin Flint, Frank H. Hamilton, and others."

There were one hundred and two signatures, and Dr. Hutchison stated that many more could have been obtained had it been started earlier.

On motion of DR. VANDER POEL, the Committee rose and reported progress.

The PRESIDENT requested Dr. Hutchins to remain in the chair. The report of the Committee of the Whole was received and adopted.

As the hour was getting late, it was agreed to vote on Dr. Squibb's resolution without further debate. The yeas and nays were called, and the resolution was lost by a vote of 99 to 105.

DR. ROOSA then offered the following, which was, on motion of Dr. Wey, of Elmira, laid over for one year:

The Medical Society of the State of New York, in view of the apparent sentiment of the profession connected with it, hereby adopt the following declaration, to take the place of the formal Code of Ethics, which has, up to this time, been the standard of the profession of the State.

With no idea of lowering, in any manner, the standard of right and honor in the relation of physicians to the public and to each other, but, on the contrary, in the belief that a larger amount of discretion and liberty in individual action, and the abolition of detailed and specific rules, will elevate the ethics of the profession, the medical profession of the State of New York, as here represented, hereby resolve and declare, that the only ethical offences for which they claim and promise to exercise the right of discipline, are those comprehended under the commission of acts unworthy a physician and a gentleman.

Resolved, Also, that we enjoin the county societies, and other organizations in affiliation with us, that they strictly enforce the requirements of this Code.

DR. J. G. ADAMS, of New York, read the following protest:

"As a delegate from the New York Academy of Medicine, I beg leave to report my protest against the recent action of the Society of the State of New York in regard to the Code of Ethics, and I charge that the Society, by its action in this matter, has assumed an attitude and adopted a policy in direct and open hostility to the honor as well as the best interests of the medical profession.

(Signed), J. G. ADAMS."

The Association then adjourned.

WEDNESDAY, FEBRUARY 7TH.—SECOND DAY.
MORNING SESSION.

THE PRESIDENT IN THE CHAIR.—After prayer by the Rev. Irvin Magee, the minutes of the preceding sessions were read and approved.

The following gentlemen were made

MEMBERS BY INVITATION:

Drs. Thos. A. Foster, of Portland, Maine; W. L. Pierson, of Schenectady; H. M. Eddy, of Geneva; G. H. Newcomb, of Albany; C. S. Merrill, of Albany; W. H. Murray, of Albany; I. G. Johnston, of Greenfield, Saratoga Co.; A. B. Heusted, of Albany.

TREASURER'S REPORT.

DR. CHARLES H. PORTER, of Albany, presented his report as treasurer, which showed

DR. Receipts from Dues,	\$2,694.53
" " Transactions Sold,	607.50
Total,	\$3,302.03
CR. Expenditures, Sundries,	\$1,011.56
Printing Transactions,	1,026.26
	\$2,037.82
Balance in Treasury,	\$1,264.21
Balance to Credit of Merritt H. Cash Prize Fund,	\$149.26

The report was referred to a committee, consisting of Drs. Perkins, Ely, and Vander Poel, who subsequently reported that they had audited the account, and found it correct.

THE COMMITTEE ON LEGISLATION.

DR. FREDERICK R. STURGIS, Chairman, reported that the bill for presentation to the legislature prepared and offered at last meeting was recommitted in order to make certain changes. A new bill is now offered in its place, providing for the formation of a Board of Examiners, with the view of throwing additional safeguards about the practice of medicine.

The second subject referred to this Committee was the recommendation of the late President, Dr. Jacobi, with regard to employment of children of tender years in factories. It reported that a bill had been prepared and would probably be reached at the present session of the Legislature.

With regard to matters referred from the Society yesterday from Mr. Clark Bell, with reference to commitments to insane hospitals, and improvement in the method of holding inquests. These matters are referred to the next Committee on Legislation, on account of want of time for their consideration.

The Committee asked the passage of the following resolution:

Resolved, That the sum of \$500 be appropriated by the Medical Society of the State of New York, to be drawn upon written order of the Chairman of Committee, to meet the necessary expenses incident upon the passage of any acts affecting medical matters, which the Committee on Legislation may be instructed by the Society to attend to, and for any contingent expenses, and whatever surplus there may be shall be returned to the Treasurer of the Society.

The report was accepted.

DR. ELY VAN DE WARKER, of Syracuse, offered, as a substitute, the first recommendation of the Committee, a provision for the creation of a Board, to be appointed by the Board of Regents of the University of New York, and to contain representatives from different systems of practice of medicine, which Board shall be empowered to grant its certificate, which shall be the only authorization to practise medicine and surgery in the State of New York.

Withdrawn by Dr. Van de Warker.

DR. JACOBI denied the existence of different systems of medicine.

DR. VAN DE WARKER deplored tinkering with medical legislation, and stated that the laws enacted by advice of this Society were lamentable failures.

DR. HOPKINS, of Albany, said that the Society had never yet gone before the Legislature and asked for the protection of educated practitioners.

DR. VAN DE WARKER acknowledged that he was in error in stating that the law of 1880 was passed for the relief of the profession; it was made to protect the quack.

DR. STURGIS denied that the law of 1880 protected the quack. In seventy cases of prosecution under its provisions in New York City, there had been only three failures to convict and drive out the irregular practitioners.

DR. MANLIUS SMITH said that a misunderstanding had arisen with regard to registration. The mere fact of registration does not make a man a qualified practitioner, but, on the contrary, often furnishes the evidence whereby the person can be convicted and prevented from practising.

The report was discussed at some length, the tenor of the remarks tending to show that the registration law of 1880 was inadequate to meet the requirements of the profession, as under it quacks of all kinds could register and thereafter deem themselves legally qualified to practice.

One of the members remarked that in his county an Indian doctor, adorned with war paint and feathers, rode into the village the other day in his chariot. He registered, and was now considered a legally qualified practitioner, and placed on a footing with other members of the medical profession.

On motion of DR. WEY, the resolution of the Committee was adopted.

A communication was received from MR. CLARK BELL, offering to read a paper. Referred to the Business Committee.

DR. VANDER POEL moved the following:

Resolved, That a committee of three, consisting of Dr. S. O. Vander Poel, of New York; Dr. E. M. Moore, of Rochester; and A. Jacobi, of New York, be appointed to confer with the Board of Regents in reference to medical examinations under Chapter 746 of the Laws of 1872, and that the Committee have power, on behalf of this Society, to recommend suitable persons for examiners.

Adopted.

THE COMMITTEE ON THE PRESIDENT'S ADDRESS

reported adversely to the recommendations, and that the annual address of the President be dispensed with in future, as the subjects of importance to the Society are embodied in the inaugural address.

The report was received and placed on file, objections being raised to its adoption.

DR. A. JACOBI, on behalf of the committee appointed at last meeting with regard to the establishment of special

HOSPITALS FOR CHILDREN'S CONTAGIOUS DISEASES,

made a partial report of progress, embodying certain resolutions adopted by the New York County Medical Society recommending the appropriation by the State of funds for the erection of such special hospitals for isolation and treatment of cases of scarlet fever, measles, diphtheria, etc.

A committee was appointed and obtained a grant of land and fifty thousand dollars to start such an institution on Manhattan Island, in New York City. It will be small, containing only forty or fifty beds, but it is believed that it is only the first of a series of such hospitals, not only for the poor, but also for the rich in different parts of the city. With the establishment of

convalescent hospitals, where the cases can be isolated until danger of communication is past, then the small hospitals can be devoted to the actually sick. This new hospital is at the foot of Sixteenth Street, New York City.

Report adopted.

The following gentlemen were made

MEMBERS BY INVITATION:

Drs. H. M. Eddy, of Ontario, N. Y.; J. C. Carson, of Willard; I. De Zouche, of Gloversville; W. G. Tucker, of Albany.

THE CENSOR OF THE MEDICAL DEPARTMENT OF THE UNIVERSITY OF SYRACUSE

reported attendance upon the examination, and that the graded course had proven highly satisfactory.

A paper was presented by DR. PAUL F. MUNDÉ on

THE ETIOLOGY AND TREATMENT OF CERTAIN FORMS OF NON-PUERPERAL UTERINE HEMORRHAGE.

In using the term hemorrhage, he wished to limit it to bleeding either during or between the menstrual flows.

1. It may be caused by simple erosion of the surface of the neck of the uterus. The diagnosis can only be made with the speculum. The cervix is seen to be roughened, red, and easily bleeding. He recommended exposure of the cervix with speculum, wiping it dry, and the use of nitrate of silver (3j to 3j) thoroughly applied, and dry iodoform applied upon a pledget of lint. The tampon should be kept in for 24 hours, and then reapplied every day, or every other day, and be followed by injections of sulphate of zinc. Sometimes he uses caustics, or the actual cautery; pyroligneous acid, chromic acid; a surgical operation has been recommended by Emmet, consisting of paring the surface, and stitching the edges together.

2. Slight lacerations of cervix often bleed from touch; coition, or even in walking. Treatment consists in snipping off the granulations with scissors, and cauterizing the base with nitric acid. Trachelorrhaphy is required in gaping lacerations.

3. Chronic subinvolution is a very common cause of bleeding, both inter-menstrual and menstrual. He has been very successful by applying Churchill's tincture of iodine, and internally pills of strychnine, ergot, and iron. Hot-water injections are often valuable; galvanism is sometimes useful.

4. A prolonged bleeding may result from the retention of menstrual blood by a pin-hole external os, with dilated cervical canal, and secondarily from retroflexion. The treatment is by enlarging the external os by cervical incision, and trimming off the edges, making a funnel-shaped os, when the bleeding will cease.

DR. VAN DE WARKER said that he had found it very difficult to heal simple erosions by nitrate of silver, and had had good results with the actual cautery, which causes very little pain. This is not resorted to as often as it should be, although recommended by Courty, of late writers. Snipping off the surface with the scissors often exerts a powerful effect upon the erosion. He called attention to a point not mentioned—the hemorrhage attendant upon change of life, which is often really due to malignant disease of cervix.

DR. SHERMAN had found the best results from pure phenol, saturated with iodine, as recommended by Battey, of Georgia. It produces intense pain for a few seconds, but healing rapidly follows. Afterwards he uses the constant current.

REGISTRATION LISTS.

DR. F. A. CASTLE, of New York, offered the following:

Resolved, That the Committee on Publication be requested to publish in the future volumes of the *Transactions* of this Society, as an appendix, a revised list of

the registrations of physicians in the offices of the County clerks of this State.

Resolved, That the sum of \$150 be appropriated to cover the expense of securing the necessary information.

DR. ROBERT NEWMAN opposed the appropriation as unnecessary, it being the duty of the various county Societies to provide the information without expense, and offered to amend by striking out the second resolution.

DR. FISHER opposed burdening the *Transactions* by a mass of such material; he would rather advocate not printing the names of the county members from year to year. As to publishing such a list, he would advise a separate publication, and offered the following as a substitute.

Resolved, That such a list be prepared separate from the *Transactions*, to be revised from year to year, and that the Legislature be asked to publish the same.

DR. WEY opposed applying to the Legislature for pecuniary aid. He thought the list should be published by this Society, and the most inexpensive and ready way of obtaining this list is by including it in the *Transactions*.

DR. LEWIS said that the registry included many that are not legally qualified practitioners. The expense also would be greater than expected.

DR. DIDAMA opposed the introduction of this into the *Transactions*; he did not like to see his name in such company any more than he can help.

DR. ROOSA advocated the publication of the list.

DR. WEY moved to amend Dr. Newman's resolution by adding "and that the method of obtaining such information be referred to the Committee of Publication," which was accepted.

DR. PILCHER said that there is more in the resolution than is apparent on the surface, and seconded Dr. Fisher's amendment.

DR. FRENCH, of Montgomery, moved that the whole subject be laid upon the table. Carried.

THE NEW CODE.

DR. H. D. DIDAMA, of Syracuse, said: "Believing that the so-called new Code of Ethics is opposed to the opinions of the vast majority of the medical profession throughout the world, as expressed in the action of county, State, and National associations, and in discussions in medical journals; and believing also that this so-called code by removing wholesome restraints encourages a spirit of lawlessness and sanctions fraud, that it is hurtful, not only to the profession, but to the public, that its adoption sent a thrill of joy through the heart of every quack in the land and gave pain to the wisest and best of our associates in the regular profession; and believing that its repeal can be secured by concerted action of the friends of honesty and good order, I offer the following

AMENDMENT TO THE BY-LAWS.

Resolved, That all action taken at the annual meeting of 1882 in regard to changing the Code of Ethics be repealed, leaving the Code to stand as it was before such action was taken."

DR. WEY moved that the matter lay on the table, as the question was already covered by the resolution offered last evening.

DR. ROOSA denounced the resolution and stigmatized Dr. Didama's remarks as an insult to the majority of this Association, and hoped that the motion would be laid on the table.

DR. DIDAMA stated that he had expressed his private opinion, but he believed that he also expressed the opinion of the majority of the profession of this State, and of the Union, and of the world. He claimed his

constitutional right to present an amendment to the By-laws.

The point of order was made that no motion was before the meeting, the author of the resolution consenting to allow it to lay over until next year.

An *Obituary Notice* of Dr. S. M. VAN ALSTYNE of Richmondville, N. Y., prepared by A. Van Derveer, of Albany, N. Y., was presented.

DR. ELSBERG presented a *Forceps-écraseur* for the removal of nasal hypertrophies.

DR. H. KNAPP read a paper entitled the

TREATMENT OF CATARACT.

He laid great stress upon quietness after the operation; we must have union by first intention, or we will have a bad result. The first condition of primary union is clean operating. His usual method of operating is section of upper segment of cornea, and iridectomy, and extraction; and he is most careful to see that no fragment of capsule or other substance is in the wound. Listerian antiseptic precautions were carried out with great accuracy in a series of cases, but no better results had been obtained than with the same precautions without antiseptic substances. Ophthalmology requires cleanliness; it requires rest after operation, the more absolute the better.

He opens the capsule at its periphery not by laceration, but by incision with special instruments. The incision heals by first intention. The results to vision are just as good as where the lens is removed with the capsule, and the percentage of success is better. His series of cases will be published in the coming issue of the *American Archives of Ophthalmology*. Here he presents simply this provisional general report of results.

DR. DIDAMA asked if he would get as good results in an antiseptic atmosphere.

DR. KNAPP did not think he would, as he required absolute cleanliness, and advised antiseptic care. The eye is usually bathed in an antiseptic fluid—the tears.

SECOND DAY—AFTERNOON SESSION.

In the absence of the President and the Vice-President, Dr. Wey was called to the chair.

DR. ROOSA read a paper on

SOME OF THE DANGERS OF THE INJUDICIOUS USE OF QUININE.

In a paper read before the American Neurological Association, in 1874, the author called attention to some possible dangers to the organ of hearing from the injudicious use of quinine. From a series of experiments upon animals, undertaken in conjunction with Dr. Hammond, he had found congestion of the internal ear and injection of the optic papilla. In some there was also evidence of retinitis. There is a special danger in those cases where hyperæmia of the eye or ear already exists. He wished to call especial attention to this danger in the treatment of pyæmia. He had with Dr. Ely treated such cases without quinine, with success. He deplored the popular use of quinine for slight reasons, as, for instance, on no other provocation than merely an aggravated cold. He was behind no one in his appreciation of quinine in proper conditions, such as an intermittent fever or neuralgia, but he wished to recall to the attention of the profession this possible danger to the organ of hearing from the ordinary doses. Pyæmia is precisely the morbid condition in which quinine should not be given, for it is essential that there be no obstruction of the emunctories, and quinine just favors this obstruction. Again in aggravated colds, it is positively harmful by increasing hyperæmia of the delicate organs of hearing. He recommended the anodyne treatment and confine-

ment of the patient in a warm room, instead of relying upon quinine, which increases tinnitus and general distress. In malarial cases proper he believed that the morbid poison would warrant a slightly increased danger to the organ of hearing. It is true that quinine reduces temperature, but some practitioners aim particularly at reducing temperature in all cases of fever without regard to the risk to the patient of inducing sudden collapse. In conclusion, he thought that popular use of a powerful remedy can usually be traced to careless practice in the hands of physicians.

DR. POOLEY endorsed the paper, and stated that cases of septicæmia are rendered worse by quinine. The use of quinine causes amblyopia and concentric limitation of the field of vision, in all probability due to embarrassment or disorder of the circulation, and ischæmia in retinal arteries and veins.

DR. JACOBI said that in large doses quinine depresses the heart. He insisted upon a distinction between pyæmia and septicæmia; in the former there is an embolic process, in the latter a specific poison; the action of quinine in preventing the wandering blood-cells from escaping from the vessels is well established (Cohnheim), and this is what is needed in pyæmia, but it is injurious in septicæmia.

DR. MANLIUS SMITH reported the results of some experiments upon himself, in which he found that cinchonia interferes with his vision, quinine not. Cinchonia decreased the action of the kidneys, quinine not, and cinchonia produced more nervous symptoms than quinine. On one occasion cinchonia destroyed his power of taste for a time.

DR. ROOSA said that information upon this subject is largely contained in special publications, which had not yet found their way into general medical journals. He did not agree with those who had just spoken, and denied that ischæmia of the retina is a primary condition: it is secondary, the first effect is that of congestion. He could not agree with Dr. Jacobi, and he had taken issue with him upon this subject before. He could not draw any such nice distinction between pyæmia and septicæmia, and he did not believe that any such essential difference between them existed.

The Business Committee introduced DR. HENRY W. WILLIAMS, of Boston, who made a verbal communication upon

ORBITAL CELLULITIS RESULTING FROM ERYSIPELAS.

Until two years ago he had not seen a case, and then, within a year, saw seven cases. He first proceeded to answer the question, are there any symptoms which permit a diagnosis to be made? He thought that there are. He had seen a case in consultation, which, during convalescence from erysipelas, had several facial abscesses, the patient complained of dull pain in the eye, and protrusion of the globe. Shortly afterwards there was loss of sight. The ophthalmoscopic appearances were those of anæmia. He decided to make punctures, in order to relieve and evacuate any collection of pus. No pus was obtained. For a few days the case went on, the symptoms became more aggravated, and on the third puncture, two and a half inches in depth, a moderate amount of pus was liberated. All the objective symptoms gradually disappeared, but the patient did not fully regain sight. His second case was a child, and the pus was found at a depth of two and a quarter inches; it was evacuated fully, and the patient recovered his sight. In another case no pus was found, but it was probably prevented from forming by the punctures. Several other cases were referred to. The diagnosis depends upon the interference with vision, swelling of tissues, chemosis, and protrusion of eyeball. In cases of localized necrosis there is more local tenderness. Early evacuation is the important point

of treatment, and free discharge should be maintained in order to preserve vision. This is not a new disorder. Attention was called to it by Mackenzie and others, but he had not encountered such cases himself until last year.

DR. POOLEY reported a single primary case not dependent upon erysipelas. A single large opening had been made along the floor of the orbit, with free drainage. The loss of vision is probably due to effusion into the sheath of the nerve. These cases were described by Von Graefe and others as retro-bulbar neuritis.

DR. WILLIAMS did not agree with the explanation offered, as there was no evidence of choked disk or other change indicating infiltration of the nerve sheath. He thought it more likely that the blood supply is interfered with by exudation, resulting in pressure upon the retinal vessels before they enter the globe. He explained, in reply to a question, that if the circulation is suspended for any length of time, the vision is permanently lost just as in embolism of the central artery.

A paper by DR. DANIEL LEWIS upon the *Development of Cancer from Non-malignant Disease* was read by title.

The following gentlemen were made

MEMBERS BY INVITATION:

Drs. Louis Granger, of Tioga Co., Pa.; L. A. Tourtelot, of Utica, N. Y.; J. A. Browne, of Newport, N. Y.; Charles W. Hamlin, of Middleville, N. Y.

DR. E. D. FERGUSON, of Troy, Vice-President, took the chair.

DR. NEWMAN, of New York, read a communication upon the

USE OF GELATINE AS A VEHICLE FOR LOCAL MEDICATION,

and exhibited bougies for nasal, urethral, and vaginal medication, and rectal suppositories, made by Mitchell, of Philadelphia. These are elegant preparations, accurately divided, soluble, and flexible; exert a prolonged local action; are not affected by temperature; nor do they melt in the hand. With regard to urethral bougies, they should be introduced at night; they are first moistened with water, and then quickly introduced; after full introduction, the meatus is sealed with isinglass plaster; cotton may be placed over the meatus. They should not be applied in the acute stage of urethritis, when the urethra is so irritable that it cannot tolerate anything and he would not recommend them in the early stage. As a rule, eight to ten bougies are sufficient to effect a cure in a case of gonorrhoea.

DR. INGALLS, of Connecticut, a visiting delegate, by invitation made some remarks upon

THE ABUSE OF QUININE.

He said that he practised some years ago along the Mississippi River, and he then observed the result of the reckless use of this valuable remedy. He thought that practitioners abuse the remedy by giving too large doses. If we can, by giving one grain every hour, get a patient under the physiological effect of a drug, we have all that can be obtained by giving larger doses. When, in giving mercury, the gums are touched, we do not continue the remedy. Why, then, he asked, should we continue to give quinine after its physiological effects are manifested. He desired also to allude to the extravagant waste of quinine. He feared that, because it was fashionable, physicians order it and do not sufficiently watch its effects.

DR. T. R. POOLEY read a paper on

RUPTURE OF THE CHOROID, WITH ILLUSTRATIVE CASES.

He referred to this as a cause of blindness which formerly had been overlooked. The globe may be

injured by a blunt instrument, or by commotion, or violent oscillation, or by injury to the head. Without enumerating all the causes, he proceeded to give some illustrative cases in which rupture of the choroid occurred.

Case 1.—A German, who was struck in the eye with a stone, and was rendered unconscious; afterwards there was aberration of vision, metamorphopsia, blind for green and blue colors. A crescentic white streak at the edge of the optic disk, was seen on ophthalmoscopic examination. By this injury, the elements of the retinal mosaic are disarranged, varying curves are formed, and if the function of the sight is preserved, the patient will have metamorphopsia.

Case 2.—A medical student received a blow on the eye. Examination showed a streak as in the preceding case, but in a different situation. There was a metamorphopsia. The long vision was much greater than in Case 1; probably the optic nerve was injured in the orbit.

Case 3.—A student, struck in the eye with a brickbat. Some months after, he showed two streaks that were very narrow, and not united by transverse rupture, and to the nasal side another rupture was seen. Three distinct rents in the choroid existed. At first there was metamorphopsia and central scotoma. Then there was progressive loss of vision. Diagrams of these cases were shown. It is surprising, Dr. Pooley said, that so little disturbance was caused by the injury of such a vascular organ as the choroid, the amount of hemorrhage varying very greatly.

Cases 4 and 5 had nothing specially worthy of note, as they were not seen until a long time after the receipt of the injury.

Case 6 was a school-boy who was struck in the eye with a sling. He was knocked insensible; there was slight separation of the iris from its border; the dioptric media were clear. The retina was cloudy and vision indistinct; there was no pain. There was a hemorrhage, probably due to rupture of choroid. On the fifth day, the blood was sufficiently absorbed to reveal a rent in the upper portion of the choroid. A buck-shot was removed from the orbit above the eye, where it had lain embedded since the injury. The rent was about four diameters of optic disk in length, and about three-fourths of it in breadth, running transversely into a second rent running vertically, which was larger—about six diameters in length. On the nasal side of the disk, the choroid appeared quite normal. For the present Dr. Pooley is unable to decide whether the retina is involved in the rent or not, but cicatricial tissue will form and determine this question.

DR. WILLIAMS, of Boston, being called upon, confirmed the views of Dr. Pooley. These cases are not very rare, he said; they are often caused by a blow on the front of the globe from a blunt instrument, baseball, snowball, bat, or stone, flattening the eye and producing the rupture. Generally examination is difficult from hemorrhage. Prognosis as to vision is doubtful; if the rent is near the macula, serious trouble will certainly be caused, but ultimately there may be tolerable vision. It is best not to promise too much in such a serious injury.

DR. POOLEY added, as regards the mechanism of the injury, that authorities have asserted that the rupture is caused by *contre-coup* but he insisted that his last case showed that in some cases at least the injury may be direct.

The next paper, entitled

WHEN SHOULD THE TREPHINE BE USED IN FRACTURE OF THE SKULL,

was read by DR. FREDERICK HYDE, of Courtland, N. Y.

The author considered *first*, what are the conditions demanding the operation of trephining the skull? *Second*, how soon shall the operation be performed after the receipt of the injury?

The most common causes of pressure are depressed fracture of bone, foreign substance or effusion of blood; later, there may be compression by the products of inflammation. The ordinary rule is not to trephine in simple fractures until after symptoms of compression appear. He asserted that the trephine is required in all cases where depression of bone exists, and where other means of elevation are not successful. If left alone, the case becomes complicated by inflammation of outer cranial textures: when symptoms of compression appear, it is then too late to do good by the trephine or any other means. The choice is between an early operation with a chance of success, or a late operation without relief. He did not dread access of air, nor acknowledge the great danger from converting a simple into a compound fracture. In fractures of the inner table, in punctured fractures, the trephine is generally used to remove bony spicula; why, then, should it not be used in the cases of simple fracture, when a portion of the inner table is pressing upon the brain?

DR. SQUIRE, of Elmira, then read two papers—

SOME POINTS IN RESPECT TO OVIARTOTOMY,
and

ON THE REMOVAL OF STONE FROM THE URINARY
BLADDER.

With regard to ovariectomy, he recommended the use of a trocar with inner and outer tube, allowing a current reverse directions. In some cases the inner tube can be dispensed with advantageously. As to time of operation, he said that the time is coming when the ovarian tumor must be detached as soon as possible, and removed early, after some preparatory treatment.

Some years ago, a young girl, seventeen years of age, was brought under his care, with symptoms of vesical calculus. Etherization and dilatation of the urethra enabled a stone to be reached and turned, and he discovered also another foreign body above it, under the pubis. Gradual dilatation enabled the stone to be removed through the urethra. Then the finger was introduced, and a depending body, like a string encrusted with salts, was found. A forceps was then introduced, but the foreign body could not be removed, and remains encysted. It was suggested that it might be a safety pin embedded in the bladder.

DR. L. E. FELTON, of Potsdam, then read a paper advocating,

THE USE OF LACTIC ACID IN DIABETES MELLITUS.

He reported the case of a young man, aged twenty-two years, who was passing three gallons of urine, containing large quantities of sugar, sp. grav. 1040. Strictly meat diet was ordered; lactic acid (one drachm and a half daily) and five pounds of flesh daily. The patient was kept under treatment for four months, and recovered entirely, the diet being gradually extended.

Several other cases were appended in which good effects were likewise observed under the use of lactic acid and a strictly sour-milk and meat diet. The cases were all under thirty years of age, and were free from the disease, except when taking food containing sugar. Skimmed milk or sweet milk caused return of glycosuria.

DR. WEY referred to a case of a man, 200 pounds in weight, who was passing 8 gallons of saccharine urine; under the use of ergot, as recommended by Prof. Da Costa, he entirely recovered and remained well, except when errors in diet were committed.

DR. FRENCH thought that the results are more to be attributed to the diet than the treatment.

DR. JACOBI also said that regulation of the diet is the principal thing, and he thinks the treatment of diabetes is more successful than it was 30 years ago. He has many patients doing well, who have had diabetes. Transitory diabetes may occur as an evidence of general ill-nutrition. It may be connected with gout, and may alternate with attacks of gout. In transitory diabetics, symptoms have passed entirely away within ten days, simply under use of iodoform, and slight regulation of diet. He thinks transient diabetes is more common than is usually believed, and would be more frequently detected if we were in the habit of examining regularly for sugar as we are for albumen.

DR. W. GILLIS, of Fort Covington, reported a case of PUNCTURED WOUND OF THE SKULL THROUGH THE ORBIT, BY THE TINE OF A HAY-FORK, IN A CHILD.

The tine passed to the depth of nearly four inches into the left orbit. There was facial paralysis, lasting for some months, but afterwards all symptoms disappeared, except that it was impossible to teach him to talk.

DR. HOPKINS reported a case of a woman, 70 years of age, with

RIGHT HEMIPLEGIA AND ABSOLUTE APHASIA.

Intelligence preserved. Afterwards second attack of apoplexy occurred, and the patient died. No autopsy.

DR. HYDE referred to a case under his observation in which there was extensive laceration and loss of cerebral tissue. Boy recovered every sense, physical and mental, except that he could not speak; in six months he could articulate well, and two months later he could speak perfectly. The injury was on the left side; a great part of the frontal and parietal bones were carried away in the original injury.

DR. ELY reported a case of simple aphasia without paralysis in an adult woman, which has now existed for three years.

SECOND DAY—EVENING SESSION.

The PRESIDENT, DR. HARVEY JEWETT delivered

THE ANNIVERSARY ADDRESS.

[See page 149.]

Subsequently the Society sat down to its annual banquet at the Delavan House.

THURSDAY, FEBRUARY 8TH—THIRD DAY.
FINAL SESSION.

The President in the Chair.

The concluding session was opened at 9 o'clock with prayer. The reading of the minutes was by vote dispensed with.

DR. WM. MANLIUS SMITH, on behalf of the Committee of Publication, explained that the delay in publishing the volume of *Transactions* was due to the members not returning promptly the proofs sent to them for correction.

DR. L. D. BULKLEY, of New York, read by title a paper on *The Management of some Forms of Eczema*.

DR. HOWE, of New York, offered an

AMENDMENT TO THE BY-LAWS,

which was laid over for one year, "That the Code of Ethics of the American Medical Association be substituted for the Code adopted by this Society in 1882." He said that then, when our State Society had gained an unquestionable right to representation, that our delegates should be instructed to advocate such modification of the National Code as shall be in accordance

with a spirit of greater liberality, or even, if advisable, to urge its entire abolition.

MISCELLANEOUS BUSINESS.

DR. PORTER moved that the Commissioners of the Capitol be requested to set aside a room in the Capitol for the future meetings of the State Society. Adopted.

Drs. Porter, Bailey, and Mosher were appointed the committee.

DR. PORTER moved that the Publication Committee be authorized to republish the early volumes of the *Transactions* which are now out of print. Adopted.

The following

REPORT OF THE NOMINATING COMMITTEE

was received and adopted.

President.—Alexander Hutchins, M.D., of Brooklyn.

Vice-President.—H. G. P. Spencer, M.D., of Watertown, Jefferson County.

Secretary.—Wm. Manlius Smith, M.D., of Syracuse.

Treasurer.—Charles H. Porter, M.D., of Albany.

Censors. *Southern District.*—Drs. J. W. S. Gouley, Austin Flint, and F. A. Castle, all of New York. *Eastern District.*—Drs. C. E. Nichols, M. H. Burton, and W. S. Cooper, all of Troy. *Middle District.*—Drs. Alonzo Churchill, S. G. Wollcott, and J. K. Chamberlayne, all of Utica. *Western District.*—Drs. C. C. Wyckoff, Thomas F. Rochester, and F. F. Hoyer, all of Buffalo.

Committee of Arrangements.—Drs. S. B. Ward, of Albany; J. S. Mosher, of Albany; and Wm. S. Ely, of Rochester.

Committee on Medical Ethics.—Drs. C. R. Agnew, of New York; E. M. Moore, of Rochester; and S. O. Vander Poel, of Albany.

Honorary Members.—T. J. Turner, M.D., U. S. N., William Goodell, M.D., of Philadelphia; and Lockhart Robinson, of Edinburgh.

Delegates to State Medical Societies. *Massachusetts.*—George L. Smith, of Rondout; E. N. Brush, of Utica; P. V. S. Pruyn, of Kinderhook; George G. Hopkins, of Brooklyn. *New Hampshire.*—W. M. Chamberlain, of New York. *New Jersey.*—J. C. Hutchison, of Brooklyn; Robert Newman, of New York. *Ohio.*—Thomas R. Pooley, of New York. *Pennsylvania.*—H. C. May, of Corning; Sol Van Etten, of Port Jervis; T. D. Strong, of Westfield. *Vermont.*—E. D. Lyon, of Plattsburgh; A. J. Long, of Whitehall; C. C. F. Gay, of Buffalo. *Connecticut.*—Conrad Sawyer, of Au Sable Forks; E. V. Stoddard, of Rochester; George Douglass, of Oxford. *Canada.*—B. F. Sherman, of Ogdensburgh; H. G. P. Spencer, of Watertown; L. E. Felton, of Potsdam; J. C. Hutchison, of Brooklyn; and R. J. Robb.

The Committee declared it inexpedient to send delegates to the American Medical Association.

A vote of thanks was tendered to the President, Dr. Jewett, who returned his grateful acknowledgements, and then declared the meeting adjourned to the first Tuesday in February, 1884.

The meeting is said to have been the largest ever held, two hundred and fifteen members and delegates having registered.

NEWS ITEMS.

BOSTON.

(From our Special Correspondent.)

RECEPTION TO DRs. HOLMES AND BIGELOW.—Following the resignation of Drs. O. W. Holmes and Henry J. Bigelow from their respective chairs in the Harvard Medical School, and their appointment as Emeritus Professors, these gentlemen were given a reception by Dr. Charles B. Porter, Assistant Professor

in Surgery. Some two hundred medical men were present, among them Dr. Packard, of Philadelphia. Dr. Holmes attended on Saturday evening, Feb. 3d, a reception given in his honor at the St. Botolph Club. The report that he will soon visit England is without foundation. Readers of the *Atlantic Monthly* gladly welcome the reappearance of the Professor in an "after breakfast talk," the outcome of the "lead-poisoning" (typical wit) of which he claims to have been made a victim in early youth.

BROOKLYN.

(From our Special Correspondent.)

KINGS COUNTY MEDICAL SOCIETY.—A special meeting was held on Thursday, February 1st, to rediscuss the question of instructing delegates to vote against the "new" Code. After an animated discussion a vote was taken by ballot, 100 votes being cast, of which 41 were in favor of instructing them and 59 against it. The delegates are therefore left free to vote as they please.

THE PATHOLOGICAL SOCIETY has recently elected its officers for the coming year, as follows:

President.—J. N. Freeman.

Vice-President.—J. Merritt.

Secretary.—E. H. Bartley.

Treasurer.—A. R. Matheson.

Curator.—J. H. Hunt.

Editor.—B. F. Westbrook.

PARIS.

(From our Special Correspondent.)

THE WOUND AND DISEASE OF M. GAMBETTA.—The clinical history of the fatal illness of M. Gambetta has just been published with fulness of detail in the current number of the *Gazette Hebdomadaire*. Prof. Lannelongue with Dr. Siredey attended the case from the time of reception of the wound up to his death: the autopsy was made by Prof. Cornil, the report being approved by Profs. Charcot, Verneuil, Trélat, and Brouardel.

The details of the accident by which M. Gambetta was wounded in the arm on November 27th, are already familiar to medical readers. The fable circulated as to the reception of the wound may be positively denied; the following account, taken from *La République Française* for December 2d, may be relied upon as true. M. Gambetta wounded himself: he was holding in his left hand a revolver in which there still remained an unexploded cartridge, only partially inserted within the cylinder. In attempting to adjust it, his right hand being over the muzzle of the pistol, the cartridge exploded and M. Gambetta received the ball in the palm of his right hand, just inside of the root of the thumb, it passed up the forearm and emerged five centimetres below the styloid process of the ulna. The sensibility of the hand remained unimpaired, with the exception of the palmar surface of the little finger and the internal half of the ring finger, where it was completely abolished; on the dorsal surface of these regions sensibility was diminished. The following diagnosis was made: Opening of the sheath of the flexor tendons, with injury of the tendons of the deep and superficial flexors, incomplete division of the ulnar nerve; injury of the ulnar artery and superficial palmar arch; the anterior cubital muscles were penetrated from within outwards.

With the hope of obtaining immediate union without suppuration, Prof. Lannelongue directed that the hand be kept absolutely immovable in the normal degree of extension, and applied carbolyzed dressings (Lister) with the hope of preventing infection.

On December 1st the wound in the hand had nearly closed, and the condition appeared very satisfactory, though the swelling between the thumb and index finger persisted, and the attending surgeon expected a rapid cure without suppuration or any complication. By December 10th both wounds had cicatrized, and although the wounded member appeared to be doing excellently, the constipation, from which M. Gambetta had suffered, became very annoying, causing, apparently, distention of the abdomen, with vague pain on pressure in the lumbar region, and gastric distress. These symptoms were, however, relieved by a copious enema, and M. Charcot, who then examined the patient, could find nothing abnormal in the abdomen. On the 15th the wounds were completely healed, and M. Gambetta was able to drive out. The abdominal distress, however, continued, and on December 17th a localized painful swelling was detected in the right iliac fossa, and the temperature became elevated, suggesting typhlitis. On the following day and night the patient had several severe chills, followed by fever, sweating, and vomiting. The symptoms of perityphlitis extending up the colon were then established, with the formation of diffused suppuration in the cellular tissue around the large intestine, but without any distinct collection of pus; therefore no surgical interference was indicated.

On December 29th there was marked erysipelas of the entire right half of the abdomen and trunk; the inguinal glands were swollen and painful. On December 31st the patient was very feeble and slightly delirious; the skin of the face reddened; the weakness and other alarming symptoms continued to increase and death occurred in the evening of December 31st.

The autopsy showed that the wound in the arm had completely united throughout its entire extent, with no trace of suppuration, and the diagnosis of the injury was confirmed. There was no solution of continuity, either old or recent, in the abdominal walls, so showing the rumor of a bullet wound of this region to have been unfounded. The brain weighed 1160 grammes (nearly 42 oz.), and was normal; it was sent to M. Duval, the President of the Société d'Anthropologie, where it will be preserved with that of Broca. The heart was normal and weighed 400 grammes; there was a small atheromatous patch at the origin of the aorta; lungs normal without adhesions. Our readers have already been made familiar with the morbid appearances in the abdominal cavity, which confirmed the ante-mortem diagnosis.

The results of this examination show that the wound of M. Gambetta appeared to have no influence on the disease which caused his death. It is otherwise, however, as regards the constipation from which M. Gambetta suffered from November 27, to December 2, which was probably dependent upon a contraction of the intestine due to old adhesions in the right hypochondrium, indicating a previous inflammation in this locality; his general health, moreover, had for more than a year been far from satisfactory, and it is possible that the inflammation caused by the perforation of the vermiform appendix might not have resulted fatally in a more healthy subject. It is probable that the diabetes and albuminuria from which M. Gambetta suffered were largely instrumental in leading to the diffuse inflammation around the colon. During the course of his last illness, however, albumen was only present in the urine after the appearance of the abdominal symptoms; while sugar was only detected once. The surgical indications never called for any operation, and even if they had been present, the general bad state of health would probably have proved an incontestable counter-indication. As one of the

surgeons expressed it, a surgical operation would have been an autopsy on a living man.

THE LEGAL FRUITS OF THE NEW CODE.—During the discussion in the meeting of the State Medical Society, of New York, on the Code of Ethics, Senator Pitts introduced a bill in the New York State Senate, providing that the State and county medical societies, the State homœopathic, the State eclectic and their several county organizations, shall not adopt any rule or regulation, which shall prevent members of such societies or organizations from consulting with any duly authorized practitioner of medicine of any school in the State, and that all rules or regulations prohibiting such consultation shall be null and void. The bill, it is reported, would have been passed the day of presentation, but for the objections of Mr. F. Lansing, who objected to its immediate consideration.

NEW YORK ACADEMY OF MEDICINE.—At the meeting of the Academy of Medicine of New York, held February 1, 1883, Dr. Fordyce Barker, recently re-elected president, delivered his inaugural address. Subsequently a reception was tendered by the President and Vice-President to the Fellows to meet Mr. Seymour Haden. Dr. Barker then introduced Mr. Haden as the guest of the evening. Mr. Haden thanked the Society for the unexpected honor that their invitation conferred upon him, and explained briefly the reasons which had led him to devote his energies to art as well as to surgery. A dissecting wound, received in his youth, had prevented him from pursuing his medical work for two years. He spent that time in Italy and studied art most industriously. After regaining his health and beginning the practice of medicine, he continued to practise art, believing that the training thus given to his eye and hand was of great value to him in surgical work. He also worked in art to encourage independence in the medical profession, and to oppose the idea, prevalent in England, that a medical practitioner should be a man of only one idea.

ATTENDANCE AT THE BALTIMORE SCHOOLS.—The following statement is based on official information: The College of Physicians and Surgeons of Baltimore has 318 matriculates; the University of Maryland has 205 matriculates in the Medical Departments, 63 in the Dental; the Baltimore Medical (Paca Street) has about 50; the Woman's Medical College has 18; the Maryland College of Pharmacy has 87 (49 Juniors and 38 Seniors); the Baltimore College of Dental Surgery has about 40, making about 590 medical students, about 103 dental students, and 87 students of pharmacy. Total engaged in the study of medicine and its cognate branches, 780.—*Maryland Med. Journal*, January 15, 1883.

THE RIGHT OF GUESTS IN HOTELS IN CASE OF SICKNESS.—The proprietor of the Hotel Bellevue, near Seabright, N. J., who, last summer, under threat of expulsion at two o'clock in the morning, extorted \$5,000 from two of his boarders who were attacked with typhoid fever, which was believed to have been contracted in the hotel through criminal negligence on the part of the proprietor, has been indicted for extortion and is now undergoing trial. The defence is attempting to prove that the patients brought the disease to the hotel with them; that Dr. Henry told Mr. Corey that they could be moved; that Mr. Corey fixed up a comfortable and airy hospital in the ball-room to accommodate them, not wishing to keep them in that part of the house where most of the people were; and that the fee of \$5,000 demanded and accepted by Mr. Corey was not exorbitant.

A SHOWER OF MANNA.—DR. PEYRE PORCHER has sent us specimens of a seed which fell in showers on November 25th, over a space of several square miles in the neighborhood of Stateburg, Sumter, Co., South Carolina. PROF. JOSEPH LEIDY, who examined the specimens, reports that they are the abortive seeds of the "Sweet Gum, or Liquid Amber, *Styraciflua*."

AN EPIDEMIC OF DIPHTHERIA FROM INFECTED MILK.—DR. MORELL MACKENZIE writes, in the *British Medical Journal* for January 20, 1883, in regard to a severe but limited epidemic of diphtheria now raging at Hendon, which has been traced by himself and Dr. Cameron to the infection of the milk supply. Although in some previous epidemics a strong suspicion has been entertained that milk was the vehicle of the poison, the inquiries have generally been made so long after the occurrence that it has been difficult to arrive at any certain result. In this instance, however, the facts appear to be conclusive. Fifteen persons were attacked on a single day, the disease in every case being a typical example of what French writers call *diphtherite d'emblée*. All the patients received their milk from the same vendor, and no other case occurred among the comparatively large population supplied by other dairymen. It has been discovered that the purveyor of the tainted milk washed his cans in water derived from a brook which contains a large amount of sewage matter. Indeed, up to the present time the whole of the Church End district of Hendon is drained by an open ditch into the Brent, and this ditch passes slightly above and in close proximity to the brook used by the dairyman in question. In the Tenterden Park district every household made use of the tainted milk except two. One of these families had cows of their own, and the other had thrown away the milk supplied to them the day before the outbreak began, because it was thought "it looked bad." These two were the only houses in the Tenterden Park district which altogether escaped infection.

NEPHRECTOMY.—The patient exhibited at the International Medical Congress at London, on whom MR. MORRANT BAKER performed partial nephrectomy, has since had the entire kidney removed. The patient was a lad, aged sixteen, upon whom Mr. Baker had performed nephrectomy, that is to say, had incised the pelvis of the kidney, through the loin; the operation, which gave exit to about thirty ounces of purulent fluid, was followed by a very great improvement in the patient's condition. This, however, was not maintained, and after some fluctuations in the symptoms, Mr. Morrart Baker found it necessary, on the 28th ultimo, to remove the whole kidney; this it was only possible to do piecemeal. The patient who was in a most anæmic and exhausted condition, rallied from the operation very well, and has since steadily improved; the urine became free from pus immediately after the operation, and the only symptom which at any time gave rise to any anxiety was an irregular pyrexia. On inquiry at the hospital on the 18th instant, three weeks after the operation, we learnt that the patient was then in a most satisfactory state, and that there was an excellent prospect of his eventual complete recovery.—*British Medical Journal*, January 20, 1883.

PROF. HELMHOLTZ, of Berlin, has received a patent of nobility from the Emperor of Germany.

M. TOUSSAINT, Professor in the School of Medicine at Toulouse, has just been created *Chevalier* of the Legion of Honor, in recognition of his important studies on virulent diseases.

DR. BUNSEN, the eminent German chemist, has been elected a Foreign Associate of the Paris Academy of Sciences. This dignity is one of the highest in the scientific world, and is limited to eight names. Dr. Bunsen succeeds the late Prof. Wöhler.

HEALTH IN MICHIGAN.—Reports to the State Board of Health show that, with the extreme low temperature and the considerable increase in ozone, there was a marked increase in area of prevalence of erysipelas, influenza, and pneumonia. Neuralgia, tonsillitis, diphtheria, and bronchitis have also increased in area of prevalence. There was no marked decrease in any disease reported. The correspondent at East Talvas reports the prevalence of a disease in his locality that first attacks the tonsils, then the pharynx, larynx, and trachea, and sometimes the œsophagus, with enlargement of the glands of the neck, and suppuration in the ears. The health officer of the township of Crockery, Ottawa Co., reports the prevalence of sickness beginning with chills, followed by fever lasting from one to four days, with inflammation of the tonsils and throat. He also reports "many cases of winter cholera," which comes on very suddenly and is severe.

Including reports by regular observers and by others, diphtheria was reported present during the week ending January 27th, and since, at 25 places, scarlet fever at 19 places, and measles at 9 places. Smallpox was reported at St. Joseph, Berrien Co., January 27th.

NOTES AND QUERIES.

"BRITISH PIRACY."

WE have received a letter from the Editor of *The Edinburgh Medical and Surgical Journal*, informing us that the review on Baginski's paper on the "Functions of the Semicircular Canals," taken from THE MEDICAL NEWS, and referred to in our issue of December 30th, was inserted in his Review columns by mistake, having been intended by the gentleman who forwarded it for the "Periscope on Otolology." We take great pleasure in entirely exonerating the Editor of *The Edinburgh Medical Journal* from any intention of wrong-doing in this matter.

CORRIGENDUM.

IN our issue of January 27th, in the note concerning the presentation of John Hunter's portrait to the New York Academy of Medicine, the donor's name should have been printed Dr. Charles Milne, and the artist's name Sharp.

OFFICIAL LIST OF CHANGES OF STATIONS AND DUTIES

OF OFFICERS OF THE MEDICAL DEPARTMENT, U. S.

ARMY, FROM JANUARY 20 TO FEBRUARY 5, 1883.

DE LOFFIE, AUGUSTUS A., *Captain and Assistant Surgeon*.—Will be relieved from duty in the Department of the Missouri, and report in person to the Commanding General, Department of the East, for assignment to duty.—*Par. 3, S. O. 26, A. G. O., Jan. 31, 1883.*

ELBREY, FREDERICK W., *Captain and Assistant Surgeon*.—The leave of absence on surgeon's certificate of disability granted July 21, 1882, is extended six months.—*Par. 5, S. O. 26, A. G. O., January 31, 1883.*

KILBOURNE, HENRY S., *Captain and Assistant Surgeon*.—The leave of absence granted December 21, 1882, Department of Dakota, is extended two months.—*Par. 3, S. O. 24, A. G. O., Jan. 29, 1883.*

PAULDING, H. O., *Captain and Assistant Surgeon*.—Granted leave of absence for one month to take effect on or about the 1st of February, proximo.—*Par. 1, S. O. 11, Department of the Platte, January 27, 1883.*

THE MEDICAL NEWS will be pleased to receive early intelligence of local events of general medical interest, or of matters which it is desirable to bring to the notice of the profession.

Local papers containing reports or news items should be marked. Letters, whether written for publication or private information, must be authenticated by the names and addresses of their writers—of course not necessarily for publication.

All communications relating to the editorial department of the NEWS should be addressed to No. 2004 Walnut Street, Philadelphia.